OCCUPATION IS PHYSICIANS classified. pe properly supplied. ()م may certifica that jo back terms, pinous pialn Instructions = DEATH Every item CAUSE OF important.

Very

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred to St.:....Ward) a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIEO, 1916. WIDOWED, OR OLVERCED HAZ (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Frade, prefession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE Z OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AREI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) of MOTHER (State or country) At place to the of death _____ yrs. ___ mos. __ Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Ohronia ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-



B. No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be sight that it may be properly classified. UNFADING INK-THIS IS PLAINLY, WITH DEATH in plain See instructions N. B.—Every item of information CAUSE OF DEATH in pial important. See instructions WRITE

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STATE OF MARYLAND CERTIFICATE OF DEATH

		1. 7
Registration	Dist. No	000

ADDRESS

. v	*FULL NAME / When I was	St.; Ward) [It death occurred is a hospital or institution give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 g	ATE OF BIRTH 4 COLOR OR RACE MARRIEO, WIDOWED, ON PINORCED (Write the word) 1 9/5	(Month) (Day) (Year) 17 HEREEV CERTIFY, That I attended deceased from
7 A	(Month) (Day) (Year) GE If LESS than 1 day,hrs. ormin. ?	and that death occurred on the date stated above, at
(a) pa (b) bus wh	Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in ch employed (or employer) IRTHPLACE tate or country)	(Duration) yrs. mos. ds. Contributory (Secondary)
ARENTS	10 NAME OF FATHER HOWARD A Macheny 11 BIRTHPLACE OF FATHER (State or country) Plearstring 12 MAIDEN NAME & CONTROL OF MOTHER	(Signed), M. D. (Signed), M. D. (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
147	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Interment) Interment	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
	(Address Charsburnes bled	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOW 3 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Cour	ity / Control of the second of	Registration Dist. No. 24 302
Villa	ge or City Siguratorin (No. 14, 14) 2 FULL NAME 2 FULL NAME	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE SINGLE, MARRIED, WIDOWED OR OIVORCED OR OIVORCED OF OIVORCED OF OIVORCED OF OIVORCED OF OIVORCED	16 OATE OF DEATH (Month) (Day) , 191
6 DA	TE OF BIRTH Och 15, (Month) (Day) , 1973	that I last saw h alive on 191
7 AG		and that death occurred on the date stated above, at
pa	CCUPATION) Trade, profession, or ricular kind of work) General pature of industry	Tremature built
bu) Beneral nature of industry Siness, or establishment in ich employed (or employer)	(Buration) yrs mos.
	(State or country) Hash Ca Had	Secondary (Buralian) yrs mos
10	10 NAME OF Carl Austria	mol
ENTS	11 BIRTHPLACE OF FATHER (State or country) Thosh Co Mul	(Signed) State the DINEASE CAUSINO DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL,
PARENTS	11 BIRTHPLACE WALLE	(Signed) State the DINEASE CAUSING DRATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER
ARENT	11 BIRTHPLACE OF FATHER (State or country) Wash Co Mul	(Signed) State the DISEASE CAUSING DEATH OF, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State,
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE 14 BIRTHPLACE	(Signed) State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OF RECENT RESIDENTS) At place In the
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) State the DIMEASE CAUSING DEATH OF, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death?

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekrepers mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Locomolive engineer, The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, munin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichuemia," cause. Always qualify all diseases resulting from childsurgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convolsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. "Tunor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uramia," "Weakness," by railway train-accident; Revolver The contributory (secondary or interem-"Dropsy," State cause for which Never report mere "Exhaustion," wound of



MARGIN RESERVED FOR BINDING

10 PHYSICIANS should of OCCUPATION IS PERMANENT THIS AGI NX UNFADING may WITH PLAINLY, Instructions ā of Infor OF Every Item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 30 If death occurred in Viflage or City Ward) a hospital or institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, ORDIVORCEO (Month) (Day HEREBY CERTIFY, That I attended deceased from (Month) (Year) TAGE If LESS fhan and that death occurred on the date stated above. 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or amployer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLA PE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in fhe OF MOTHER (State or country) of death _____ yrs. ___ mos. . State _____ yrs, ___ mos. _ ds. Where was diseasa contracted. if not af place of death? Former or usual residence. DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



1 PLACE OF DEATH

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFI
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word)	gle 16 DATE OF DEATH
6 D/	Steph 26	1886 that I last saw herealive on
7 AC	.1 da	that I last saw h
W	o) General nature of industry isiness, or establishment in Western Unio Leley inch employed (or employer)	spopel
9 8	IRTHPLACE (State or country)	Contributory
	10 NAME OF FATHER Charles Barrow	Contributory Secondary (Signed) - 191 (Address)
ARENTS	IRTHPLACE (State or country)	(Signed) J. Place Her.

STATE OF MARYLAND E OF DEATH

n Dist. No.

If death occurred in a hospital or institution, give its NAME instead of street and number.]

TE OF DEATH ollows: H, or, in deaths from VIOLENT and (2) whether ACCIDENTAL, TALS, INSTITUTIONS, TRANSIENTS, DATE OF BURIAL ADDRESS

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business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook employed, as At school or wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetonus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraenia," "Weakness," lapse," "Coma," "Convu genital," "Senile," etc.), ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) head-homicide; "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia Example: Meosles (disense causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valeular heart disease; Chronic interstitut "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichaemia," railway train-accident; Revolver wound of (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere (Recommendations "Atrophy,"



STATE OF MARYLAND PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or institution, give its NAME instead of street and number. RECORD MEDICAL CERTIFICATE OF DEATH SINGLE, WIDOWED OR DIVORCED (Write the word) (Month) (Day) That I attended deceas 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than and that death occurred on the date stated above. AGE 1 day, hrs. E AG The CAUSE OF DEATH * was as follows: OR min.? OCCUPATION pplied (a) Trade, profession, or particular kind of work b.) General nature of industry rms, business, or establishment in Buration) UNFADING which employed (or employer) Contributory BIRTHPLACE (State or country -200 10 NAME OF (Signed) Ω ould O 11 BIRTHPLACE ENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from Vy LENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accountal, Suicipal or Homicidal. 00 12 MAIDEN NAME PA LENGTH OF RESIDENCE (FOR HOSPITALS; INSTITUTIONS, TRANSIENTS, 0 very Еш 13 BIRTHPLACE OF MOTHER (State or country) In the At place inform State,yrs. of deathyrs. J 2 Where was disease contracted. CA PATION 14 THE ABOVE 19 if not at place of death? Former or item usual residence DATE OF BURIAL Should OCCUF 15 20 UNDERTAKER ADDRESS REGISTRAR If more blank are needed, address State Registrar, 16 . Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. write None. business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a-definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer, mobile factory. The material worked on may form part mill; (a) Salosman, (b) (rocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. "Foreman," "Manager," "Dealer," etc., business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, If the occupation has been changed If retired from without more The question (b) Aula

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenperal septichumia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uramia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meosles; Whoaping "Heart failure," "H emorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronnephrins, etc. cough; Chronic vulvular heort disease; Chronic interstitud The contributory (secondary or intercur-"Lropsy," Never report mere (Recommendations "Exhaustion, wound of



PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
Outilly	3/7
7 - 1 ()	Registration Dist. No.
Village or City ADAGENHOUN (No. 136, J.	Ward) [If death occurred to a hospital or institution, give its NAME tostead
2 FULL NAME JOHN W. 12	(Erding. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED WHO WIDOWED WARRIED OR DINOCKAN (Write the word)	16 DATE OF DEATH 10 - 4 - , 1915 (Month) (Day) (Yoar)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw him allow on dead 1910
⁷ AGE If LESS than	and that death occurred on the date stated above, at .4 1/2m.
68 yrs 11 mos 19 ds or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or	Cerebral Humbleg
particular kind of work	Visloular Heart Scouffier y
business, or establishment in which employer (or employer)	(Ouration)—— yrs. —— mos. —— ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland.	(BurAnn) we man de
10 NAME OF SEO. W. Billshing	(Signed) T. M. Vilise M. O.
11 BIRTHPLACE OF FATHER (State or country)	State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER AND AND TELEPLES	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE	OR RECENT RESIDENTS)
(State or country)	At placs in the of desth yre. mes. ds. State, yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE	Where was disease contrested, if not at piece of death?
(Informant) Monthly Jawa Mer Shing	Former or ueuet residence
(Address) Lagenstown Vind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	1000/fill OEMELETY 7, 191.0. g.
Filed 6 - , 1910 BULLY REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, cte. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Never return "Laborer," Locomolive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia, meninguismental procession of lungs, meni

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mer symptoms or terminal conditions, such as "Asthenia, Example: Meastes (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, ctc. cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for mahgnant neoplasms); Measles; Whooping ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichuemia," Always qualify all diseases resulting from child-The contributory (secondary or intercurreport mere



[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Maraschopmeumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septiehuemia, etc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Timor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of nia" (merely symptomatic), "Atrophy," "Col"Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoned by carbolic acid-probably Nevel report mere



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	17961 V	STATE OF MARYLAND
Cour	nty Lashington	CERTIFICATE OF DEATH
		Registration Dist. No. 302
	12/1/1	h. 0
Villa	age or City Augustin (No. 121, LC	ar fleson (mst; b ward) [If death occurred in a hospital or institution,
		give Its NAME Instead
15	2 FULL NAME TUNCOMES CYTTA	14. Q, 1200A
3:1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	, , // WANNIED, //	18 DATE OF DEATH Weh C 1015
. 1 m	tale white wide word	(Month) (Day) (Year)
6 0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	At 11 Page	(1915, to (1915)
6 0 4	(Month) (Day) (Year)	that I last saw hand alive on left 6 , 1917,
7 AC		and that death occurred on the date stated above, at
Ď.	yrs, mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 3	yrs. mos. os. or mul. r	Vifficult lator
0 (8	a) Trade, profession, or articular kind of work	10
C 140 Y 1	b) General nature of Industry	
S O DE	usiness, or establishment in thich employed (or employer)	(Duration) yrs mos ds.
11	BIRTHPLACE	Contributory Defficult Last
	(State or country)	Quirellon vrs. mos. ds.
ñ	10 NAME OF Y/ 4 P	(Signed) Dansellend, M. O.
S	N. L. 120nd	10.15 / 1- Blede De Out
ENT	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT
REI	12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means or Injury; and (2) whether Accidental, Suical or Homicidal.
= A	OF MOTHER VZerti Toigh	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Very	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
<u></u>	(State or country)	of deeth yrs. mos. ds. Stats, yrs. mos. ds.
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	tf not at piece of death?
	(Informant) N. L. Youd	Former or asual residence
2	Alacaston as Mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3 -	(Address) (Faguesti W	Harpers Jerry W Va 18 1012
	10/7- 15 Thours Dain	20 UNDERTAKER ADDRESS
FI	REGISTRAR	Wootking Whimeh Hag Md
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housewrite None. & yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths head-homicide; Poisoned by corbolic acid-probably Struck by railway train—accident; Revolver wound "PUERPERAL peritonitis," ctc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustiou," "Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," birth or misearriage as "Anaemia" chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of "Coma," (merely symptomatic), "Atrophy." oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Puenperal septichaemia," State canse for which ("Con-



state

S should

1 PLACE OF DEATH

17962



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.3/2

Ward)

Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.1

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Year) HEREBY CERTIFY, That I attended deceased from

	and that death occurred on the date stated above, at 6
-	4/ ~ /
	Henry Howers

	(Duration) yrs mos
	Contributory arts ras Holls rosis
	(Doration) Institutions of
	11 110 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/
	(Signed) (Signed) (Signed) (N.
34	UCC/3, 1913 (Address)/1963220town Ma
	*State the DISEASE CAUSING DWATH, or, in deaths from VIOLEN
	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.
1	
-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	At place in the
	of death yrs. mos. ds. State yrs. mos.
	Where was disease contracted, If not at piace of death?
	Former or
	usual residence
- 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BUBIAL
10	Frad Talleg Us We 1 191.
	20 UN ERTAKOR ADDRESS

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the Word) DATE OF BIRTH Month) (Day 7 AGE If L 1 day yrs.... OR ... BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 15

If more blanks are needed, address Sta

No.

N. B.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Physician, Compositor, Architect, Locomotive engineer, gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmor or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the . Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges; peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." scpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 5 1915 BUREAU, V.S.

1 PLACE OF DEATH	STATE OF MARYLAND
Washington 18963	CERTIFICATE OF DEATH
County	1 X 8)
W	Registration Dist. No
William or City of Mary Mary Mary Mary Mary Mary Mary Mary	Lette . Ward) [if death occurred in
Village or City No.	a hespital or institution,
11 11: 11	give its NAME Instead of street and number.]
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR MACE 5 STACLE.	16 DATE OF DEATH Och 9
MIDOWED / MIDOWED	1913
Flinar Muly OR DIVORCED VILLE	(Month) (Day) (Year)
6 DATE OF BIRTH	Today 15 11 To hala 1
9 30 100	, 191.7, to, 191.0,
(Month) (Day) (Year)	that I last saw h Lalive on Jeff 9, 191 J,
7 AGE 1 If LESS than	and that death occurred on the date stated above, at #P m.
1 day,hrs.	The CAUSE OF DEATH * was as follows:
yrs mes ds or mia.?	-
8 OCCUPATION (a) Trade, profession, or A	
particular kind of work	Car Cenone Index.
(b) General nature of Industry	a de
business, er establishment in which employed (or employer)	(Ourellon) 2 yrs, mos. ds.
9 BIRTHPLACE	Contributory Eiselherna
(State or country)	Secondary
10 NAME OF	(Quration) yrs. mos. de
FATHER COLLEGE THE COLLEGE THE	(Signod) A auffer, M. O.
M 11 BIRTHPLACE	Och 10. 191 (Address) - Days from
Z OF FATHER (State or country) J / Ml MU	*State the DINEAS CAUSING DEATH, on in deaths from VIOLENT CAUSES, state (1) YEARS OF INJURY; and (2) whether ACCIDENTAL,
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANAGEM MANAG	Causes, state (1) Mrans of Injury; and (22) whether Accidental, Suicidal of Homicidal.
OF MOTHER MANAY WILLOW	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	Al piece In the ef death yre. mas. ds, Sisie,yrs,mos. ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY MY OWLEDGE	Where was disease contrasted,
A. A. Y. A. LON	If net at piace of death?
(Informant) Mad J J J J J J J J J J J J J J J J J J J	ususi residence
7 61	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Finally	The later Oct T
16 + 10 000 000 000	20 UNDERTAKER ADDRESS
Filed Oth 10, 1915 2 Washington	The state of and
Argistran	E PER BUILDING IND
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) (rocery; (c) Foreman, (b) Automobile factory. The material were of on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Terber," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING PEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Eronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent neatis state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICINAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

ent ôf	PLACE OF DEATH County Washington 17964	STATE OF MARYLAND CERTIFICATE OF DEATH
Exact statem	Village or City Hagerstown (No. 5/5), J 2 FULL NAME Gladys alvena	Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
fied	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
y classie.	Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED ungle (Write the word)	16 DATE OF OEATH / O (Month) (Day) , 1915
be properly certificate.	DATE OF BIRTH LMONTH (Month) (Day) (Year)	that I last saw h Ar alive on 1910
it may back of	7 AGE 3 yrs. 2 ds. 1 LESS that 1 day, hrs. or min.?	that that double occurred on the date stated above, at the
plain terms, so that See instructions on	8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory (Ourstion) yrs. mos. 12-d. Sceondary
TH in	10 NAME OF FATHER Source 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
OF DEA	(State or country) 12 MAIDEN NAME OF MOTHER Authorities	*State the DISEASE CAUSINO DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
CAUSE O	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	OR RECENT RESIDENTS) At place In the of death
should state CA	(Informant) Aus. Am V Lorus (Address) Lugicatory Md, 15 Filed 0-5, 1915 Harry Stars REGISTRAR	Former or squel residence 19 PLACE OF BURIAL OR REMOVAL 20 UN OERTAKER ADDRESS ADDRESS
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired 6 yrs.). For persons who have no occupation whatever, or given up on account of the DISEASE CAUSING DEATH. engaged in domestic service for wages, as Servant, Cook; who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Doy loborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engincer, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-Stationary fireman, etc. But in many enves, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal sephehamia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," Struck by railway train-accident; Revolver surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic vulvular heart disease; Chronic interstitial symptoms chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull or terminal conditions, such as "Asthenia, carbolic acid-probably "Exhaustion, report mere to menon



N. B.-

County Jashugy 17965	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Haylis Troy (No. 1/2)	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL GERTIFICATE OF DEATH
3 SEX Wale Water Standard Windows (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 / I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw here sally on Oct 14 1915
yrs — ds. It less than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at Sould m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Calcover Calcover (b) General nature of Industry,	(Rrobely toller evens)
business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Dulinonic hourshay
11 BIRTHPLAGE OF FATHER (State or country)	(Signed) S. Puelte Lagren, M. D. Ber 16, 19+ (Address) Hague town
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 A 1 (5)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos ds.
(Informant) THE BEST OF MY KNOWLEDGE	Where was disease contracted for the state of death? Former or usual residence Management SA.
16 Filed 10/18, 19\5 26eeng mis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AGENTALISM 20 UNDERTAKES ADDRESS ADDRESS
If more blanks are needed, address State Registra	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Statement of occupation-, Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same descepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (dever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCINENTAL, SUICINAL, or HOMICINAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ample: The contributory (secondary or intercurrent) Mcastes (disease causing death), 29 ds.; (Recommendations on statement of



N. B. –

1 PLACE OF DEATH

Village or City Hagerstown (No. 525, S	Registration Dist. No. 302. Potomae St.; 2 Ward) [If death occurred in a hospital or institution, give its MAME instead
2 FULL NAME Welliam H. Clap	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Wood or RACE SINGLE, MARRIED, Single or DIVORCED (Write the word)	16 DATE OF DEATH /0 30 ,1913 (Month) (Day) (Year)
6 DATE OF BIRTH May 26, 1865 (Month) (Day) (Year)	that I last saw h am alive on Oct 30 1913
FAGE If LESS than 1 day, hrs. 9 yrs. 7 mes. 4 ds. or min.? 8 occupation (a) Trade, profession, or particular kind of work b) General nature of industry	and that death occurred on the date stated above, at 12.30 m. The CAUSE OF DEATH * was as follows:
usiness, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Hatie Suffaction yrs. 2 mes. ds. Contributory Hatie Suffaction yrs. 2 mes. ds. (Durelien) yrs. 2 mes. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MARIE OF FATHER (State or country)	(Signed) M. O. Oct 20, 191.9 (Address) Hage twee Got *State the DISEASE CAUSING DEATH, Fr. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIDAL.
OF MOTHER Hare Colored & 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) TO MASS OF CLARES	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth
(Address) Franklin of 19	19 PLACE OF BURIAL OR REMOVAL Cultur of y 20 UNDERTAKER ADDRESS Wash Brus 38 & Wash

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servont, Cook employed, as At school or At home. Care should be wife, Housewark, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day labarer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Lacomotive engineer, Civil tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in Never rcturn "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-hamicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver wound surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Purperal septichaemio," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia, chopneumania (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorconua, etc., of..... "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurcarbolic Never report mere (Recommendations ocid-probably



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

N.B.

	PLACE OF DEATH	STATE OF MARYLAND
Col	into Washington 1866 (2)	CERTIFICATE OF DEATH
	01/1	Registration Dist. No. 300
Vill	age or City Mayabass 9 (No.	St.; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME MB. Mary &	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	ex 4 color or race 5 single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 0	PATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Not Known	1910, to Will 1910,
-	(Month) (Day) (Year)	that I last saw har alive on 1918,
. 4	GE ATA MAD I day, hrs.	and that death occurred on the date stated above, at .J
_	Months ds. OR min.?	Death history due to
1	(a) Trade, profession, or	debilitating effect of large
-1	articular kind of work Dudowski Dudowsk	Varience aller of they
	usiness, or establishment in which employed (or employer)	(Duration) yrs mos ds.
-	BIRTHPLACE (State or country) Mandan	Secondary (Secondary
	10 NAME OF M. John Wilbert	(Signed) E. L. Zurolf M. O.
BENTS	11 BIRTHPLACE OF FATHER (State or country) Mandan	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PAR	OF MOTHER Jundsay	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) MM / Lynn	At place In the of death yre. mos. ds. State, yrs. mos. ds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not al place of death?
	(Informant) IVVS II suam Collect	wsual residence
15	(Address) Sharfisbury Md	Sharpsting Md Date of Burial
11	Filed 10/8/ , 1915 Chas N. Hoffmaster REGISTRAR	albert Leal Williamsfort
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery: (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Locomotive engineer, Civil But in many cases, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenperal seplichuemia," "Puenperal perilonilis," etc. State cause for which ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) heod-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Truemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heunorrhuge," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronby railway train-accident; Revolver wound The contributory (secondary or intercur-Never report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
County 4	Mashinglous 1308	CERTIFICATE OF DEATH
		Registration Dist. No. 205
Village	FULL NAME Malinda CC	St.; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX	ale White (Mrite the word)	16 DATE OF DEATH Och 25-24, 1915- (Month) (Day (Year)
6 DATE O	F BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
DATE	//	75 Consery 5 1915 to COEF- 05-22 1915-
	(Month) (Day (Year)	that I last saw h 57 alive on Otto 25-24, 1915
⁷ AGE	SO yrs 5 mos 8 ds. or min.?	and that death occurred on the date stated above, at 150 m. The CAUSE OF DEATH* was as follows:
particular i	profession, or Housewife	bacuser Diner Haut
business, o	I nature of indostry, or establishment in oyed (or employer)	(Duration) Q yrs 9 mos 0 ds.
9 BIRTHP		Secondary Sacrae Codenia
10 N	AME OF ATHER Q	(Signed) Le, L.
Ø 11 81	IRTHPLACE DE FATHER	Qc1-26, 191 5 (Address) Buch Los Mis
	State or country) Mary Cancia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Courabeth Cal	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BI	RTHPLACE F MOTHER State or country)	OR RECENT RESIDENTS) At place In the of death yrs. mos. ds: State yrs. mos. ds
14 THE AL	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not af place of death?
(Informa	m) hus Ella Joung	Former or usual residence.
(A	ddress & bousburo Ina	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed C	Pet. 27, 1915 Jeo. M. Hoory 9.5	29 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Ilyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) Never report



1 PLACE OF DEATH

Cou	nty Mashington 17969	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Villa	age or City Hagerstown (No./// , &	(Mash st.; 3 Ward) [If death occurred a hospital or institute give its NAME inste of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ex 4 color or race 5 SINGLE, MARRIED, WIDDWED Widdow OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Ye) 17 I HEREBY CERTIFY, That I attended deceased for
6 D,	ATE OF BIRTH (Month) (Day) (Year)	faura, 1900, to Och 25th, 191 that I last saw her alive on Och 25th, 191
7 AC	### ### ### ### ######################	and that death occurred on the date stated above, at low. The CAUSE OF DEATH * was as follows:
Xpa (I	a) Trade, profession, or right with the state of the stat	Mens
- WI	isiness, or establishment in hich employed (or employer)	Contributory Melaslades queral
0 9 B	IRTHPLACE (State or country) ID NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) Manuard Sparow OF FATHER (State or country) Manuard Sparow	Contributory Melaslades general Secondary. ABDRICE (Burallen) yrs 6 mos (Signed) TOLL PAR ari Oct 22 1915 (Address) Lacy Coard
PARENTS	IRTHPLACE (State or country) 10 NAME OF FATHER Howard Sparow 11 BIRTHPLACE	Contributory Melascases general Secondary (Burallon) yrs 6 mos (Signed) The Pagar

STATE OF MARYLAND

17969

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationory firemon, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"); Lobor indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." and eonsequences (c. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deathis birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" rent) affection need not he stated unless important. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinomu, Sarcoma, etc., of..... Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of railway troin-accident; Revolver The contributory (secondary or intercur-Never report mere (Recommendations "Atrophy," mound ("Con-



Village or City Lagratown (No. 665)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word) 6 DATE OF BIRTH Hach 20 19/0	16 DATE OF DEATH October 13 (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from October 14 ,1915, to October 19 ,1912,
(Month) (Day) (Year) 7 AGE If LESS that 1 day, hrs OR mln.?	that I last saw h curalive on letter 14, 1915, and that death occurred on the date stated above, at 1, 9m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	accilent. (Duration) yrs. mos. 4 ds.
10 NAME OF FATHER	(Signed) (Signed) (Address) Haysolow W.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, to leaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF IIOMICIDAL. **BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placs In the of death
(Informant) Char Croner	Where was disease contracted, If not at pisce of death?
Filed (Address) Laguetown WA, 15 Filed (1915) Bearing Registran	20 UNDERTAKER ADDRESS , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, write None. state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At sehool or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, ctc. Statement of Occupation-Precise statement of occupa-Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull hend-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," to determine definitely. Examples: Accidental drowning. "PUERPERAL peritonitis," etc. birth or miscarriage chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound as "PUERPERAL septicharmia," State cause for which Never report mere



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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as Al school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--- Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Goory: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-At home. Care should be Never return "Laborer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, memin-

on Nomenclature of the American Medical Asse on statement of cause of death approved by C under the head of "Contributory." (Recomme and consequences (e. g., sepsis, telanus) may suicide. The nature of the injury, as fracture head-homicide; Poisoned by Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if to determine definitely. Examples: Accidental state MEANS OF INJURY and qualify as AC surgical operation was undertaken. For violen "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal sept cause. ete., when a definite disease can be ascertain genital," "Senile," etc.), "Dropsy," "Ex "Heart failure," "Huemorrhage," "Inanition," mus," "Old Age," "Shoek," "Tracmia," "W genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atroph lapse," "Coma," "Convulsions," "Debility symptoms or terminal conditions, such as chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 rent) affection need not be stated unless nephrilis, etc. cough; Chronic valvular heart disease; Chronic "Tumor" for malignant neoplasms); Measles ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., (name origin; "Caneer" is less definite; av Always qualify all diseases resulting f The contributory (secondary State eause carbolic Never re acid-



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WRITE PLAINLY, WITH

RECORD

IS A PERMANENT

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

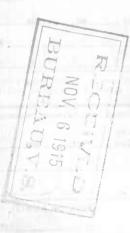
Village or City Vagerstown (N	STATE OF MARYLAND CERTIFICATE OF DEATH 2 Registration Dist. No
PERSONAL AND STATISTICAL PARTICUL	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the W	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day 7 AGE (Month) (Day 7 AGE (Month) (Day 7 AGE (Month) (Day (Day 7 AGE (Month) (Day	that I last saw h
particular kind of work.	
particular kind of work (b) General nature of industry, businass, or astablishmant in which amployed (or employar) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory Secondary (Doration) yrs mos ds.
particular kind of work. (b) General nature of industry, businass, or astablishmant in which amployed (or employar) BIRTHPLACE (State or country) 10 NAME OF FATHER Local E. Do FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Seleca Glepa OF MOTHER Seleca Glepa	(Signed) (Boration) (Boration) (Signed) (Signed) (Address) (
particular kind of work. (b) General nature of industry, businass, or astablishmant in which amployed (or employar) BIRTHPLACE (State or country) 10 NAME OF FATHER Rolls C. D. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	Contributory Secondary (Boration) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre

[Approved by U. S. Census and American Fublic Health Association.]

should be taken to report specifically the occupations the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfui-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers statement. Never return "Laborer," additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train—aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion," Never report



ST DESCRIPTION OF STREET OF STREET

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Frag D Mcho. 2FULL NAME HOWARD MA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.07 St.; Ward) St.; Ward) From Daugherty Streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of Race Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
(Month) (Day (Tear) TAGE (Month) (Day (Tear) If LESS than 1 day,hrs. ORmin.?	that I last and hard allow on Oct 14 1915, and that death occurred on the date attack above, at 1. m. The GAUSE OF DEATH* was an follows: Marinifications Enter & Collins.
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 16 Filed 17 Filed 17 Filed 18 Filed 19 Filed	(Buration) yrs 2 mos ds. Contributory Secondary (Boration) yrs mos ds. (Signed) C. D. Gelv , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hoapitals, Institutions, Transients, or Recent Residence) in the of death yrs, mos ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence 19 Lace of Burial or Removal Date of Burial 29 Under aker Address Address Lacely will trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as statement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

Bronchopncumonia (secondary), 10 ds. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fraeture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report



Village or City Regerstance (No. 5 locality Land Marrian Sel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her alive of Lorat Safe (, 191 5
7 AGE If LESS than	and that death occurred on the date stated above, at 5 acm,
yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
SOCCUPATION 00.0	Marasmus-Perbelly mites-
(a) Trade, profession, or particular kind of work	mal carant
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. 21 mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Doration) yrs mos ds
10 NAME OF Karry Whele dies	(Signed) May A. Laughlum, M. D.
O 11 BIRTHPLACE OF FATHER	Och 3, 1913 (Address) Haguston
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a of Mother Sarah Wolfel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country) May layed	At place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Karry W Delosier	Former or usual residence.
(Address) Ragerstown md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 10-4- 5-266	Mayerstournel Och 4, 1915
Filed 1910 REGISTRAR	A TOM MAN COME HOUSE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid incumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senilc," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent) "Exhaustion," Never report



should OCCUPATION S PHYSICIAN RECORD PERMANENT classified. THIS properly INK supplied. pe UNFADING may certificate. 80 0 terms, 0 plain Instructions Information 드 DEATH See 0 Item OF Important. ш

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Very

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

..Ward)

if death occurred is a hospital or institution. of street and number.]

ADDRESS

give its NAME Instead 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. ORDIVERCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day Year) 7 AGE if LESS than and that death occurred on the date stated above, at ______m, 1 day brs. The CAUSE OF DEATH* was as follows: OR. min. ? CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos, __ Where was disease contracted. if not at place of death?... Former or usual residence. BURNAL OR REMOVAL PATE OF BURIAL 15

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Heafth Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 17976	STATE OF MARYLAND CERTIFICATE OF DEATH
County Washington Resem P	100
Village or City White Hoell (No. 7	Registration Dist, No. [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Stringte, Married, Married, Married, Morried (Write the word)	16 DATE OF DEATH OCYPHY 30 1915 (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	that I fast saw h. M. alivs on Seft 27 , 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 9,30 cm,
7 4 yrs 2 mes 0 ds 0 R mln.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Returned Farmer	Chronic prephritis (Brights)
(b) General nature of industry, business, or establishment in which employed (or employer)	Indefeuté (Ouration) yrs mas ds.
9 BIRTHPLACE (State or country) Mary Cand	Contributory Ashlesse Secondary Secondary Leafisse (Doration) yrs mos ds.
10 NAME OF Levnard Delrois	(Signed) The week hours
11 BIRTHPLACE OF FATHER (State or eountry) 12 MAIDEN AME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
THE TENTH OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Pance	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Sarbara L'Elrow	Former or usual res lite nce.
(Address) Leaver Coreck, Jua	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Oct 30, 1915 Les M. Storm A.	29 UNDERTAKER TBOOT POPERS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Accidental, suicidal, or homicidal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 [It death occurred in St :----Ward) a hospital or Institution, give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH 191 . A. Ito ... Daw (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date atated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE: ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos, Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Halto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Potsoned sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Tuerreral scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," -E art failure," "Haemorrhage, mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic Interstitial nephritis oma. Sarcoma. etc., of ... sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) liways qualify all diseases resulting from Meastes (disease causing death), 29 ds. "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," __ (name origin; "Can ," "Inanition," "Maras State cause for Examples:



V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	Z

Count	PLACE OF DEATH 17978	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3/2
Villag	e or City MAUGANSVILLE (No, Constitution of the Constitution	St; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	WIODWED	16 DATE OF DEATH Oct. (Day) (Year)
	TE OF BIRTH	17 HEREBY CERTIFY, That attended deceased fro
	JANUARY 12" , 1842. (Month) (Day) (Year)	() 1910, to CCC 1911.
7 AGE		and that death occurred on the date stated above, at
	73 yrs. 9 mes. 6 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
8 00	CURATION	0 0
(a)) trade, profession, or FENCE-MAKER	Caremona of Monach.
bus) General nature of industry inoss, or establishment in 11 th th th th th th th ch employed (or employer)	(Qurglion) / yra mos.
9 BII	RTHPLACE (State or country) PENNA.	Contributory Secondary (Burstlen) Frs. mos.
	10 NAME OF FATHER JOHN EBERSOLE	(Signod) D. G. P. Miller M
TIS	11 BIRTHPLACE OF FATHER	191 9, (Address) State Live, Pa
(State or country) PENNA. 12 MAIDEN NAME		*State the Dispass Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER MARY FOWYER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) PENNA	Al place in the oi death yrs
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confrested, If not all place of death?
((Informant) WILLIAM EBERSOLE	Former ar
	(Address) MAUGANSVILLE, MD.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCT. 21", 1915
16	Dat 1973 - 8 m 21 - ' P	SALEM REFORMEDGRAVEYARD 01
File	Oct. 197, 1915 - S. G. Harrish.	C. M. SUTER & SON HAGERSTOWN M

If more blacks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemail, etc. If the occupation has been changed is provided for the latter statement; it should be used For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever, The material worked on may form part (a) Spinner, (b) Cotton If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., scpsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Antemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of Tumor" for malignant neoplasms); Mcasles; Whooping or miscarriage as "Puenperal scptichaemia," The contributory (secondary or intercur-"Dropsy," "Exhaustion," State cause for which Never report mere



A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS

	1 PLACE OF DEATH unty Washington Cer 17979	STATE OF MARYLAND CERTIFICATE OF DEATH
Con	inty was minglow Cer 11919	Registration Dist. No. 302
Vill	lage or City Hagerstown (No. 111, 4) Stell Barn Ch	Maderica St.; 2 Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	W 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO OR DIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year)
6 p	ATE OF BIRTH	17 OF HEREBY CERTIFY, That I attended deceased from
	$\frac{(\text{Month})}{(\text{Month})} \frac{(\text{Day})}{(\text{Year})}$	that I last saw halive on, 191 ,
7 A	GE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
n p	OCCUPATION A) Trade, profession, or articular kind of work	Ewif unhown
C W	b) General nature of industry nusiness, or establishment in which employed (or employer)	(Ourelion) yrs mos ds.
	10 NAME OF FATHER	Secondary (Burelion) yrs. mos. ds. (Signed) W. 0.
ENTS	Michael Peigley	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
PARE	12 MAIOEN NAME	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 7	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death
	(Informant) Hickal Feigly	If not all place of death?
15	(Address) !!! Madison leve	Pose Hill Perus Oct 20, 1915
F	Fled 10-20, 1915 TOLLING DOWN	Prous Brus 33 6. Wash &
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, first line will be sufficient, e. g., Furmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by Struck by railway train-accident; Revolver wound STIGDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. mus," "Old Age," "Shock," "Uracmia," "Weakness, "PUERPERAL peritonitis," birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease eausing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. The nature of the injury, as fracture of skull, "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intereuretc. "Dropsy," "Exhaustion," carbolic State cause for which FOR VIOLENT DEATHS acid-probably ("Con-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution, give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH -MARRIED. 191.V. WIDOWED (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory Secondary BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. State _ds. Where was disease contracted. 14 THE ABOVE LE TRUE TO If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Forcman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." etc., when a definite disease can be ascertained as the affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

PLACE OF DEATH	17981	(2)	STATE OF MARY	YLAND
County Washin 2	lon.	(C) CI	ERTIFICATE OF	DEATH
			Registration Dist.	No. 201
Village or City Hagsi	s/000 (No. 745 6	Boneord	St.; 2 Ward)	[If death occurred in a hospital or institution,
²FULL NAME	ama E. o	Houch		give its NAME instead of street and number.]
PERSONAL AND STAT	ISTICAL PARTICULARS	ME	DICAL CERTIFICATE OF	DEATH
3 SEX 4 COLOR OR R	WIDOWED, Ongle	16 DATE OF DEATH	(Month)	28, 1913 (Day (Year)
6 DATE OF BIRTH	(Write the word)	17 Och 2	REBY CERTIFY, That I a	attended deceased from
	onth) (Day (Year)	that I last saw be	Vallve on Cleh	28, 1913-
7 AGE	If LESS than 1 day,hrs.	and that death occu	erred on the date stated a	bove, at //-30 Rm
2 yrs /0	mos, ds. or min.?	The CAUSE OF DE	ATH* was as follows:	
(a) Trade, profession, or particular kind of work	In E	Diph	thera	
(b) General nature of Industry, business, or establishment in		***************************************	. T = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =	
which employed (or employer)	••••••••••••••••••••••••••••••••••••••		(Quration)	yrsmosds.
State or country)	ess low md	Secondary	Supartueus (Maretine)	Ars mos 2 ds
10 NAME OF FATHER CLASS	nech Fouche	(Signed)	Daugh	16 M. D.
OF FATHER (State or country)	5d. 60. Med		(Address)	n deaths from VIOLENT
Y OF MOTHER	ay Hovis	18 LENGTH OF RES	MEANS OF INJURE, and HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	anklin les Pa	At piace of death yrs	in the mos ds. State	
(Informant) Platsue	M Fouch	Where was disease cont if not at piace of death? Former or usual residence		
145 address oncord st	Hagsutoward	10		DATE OF BURIAL
Flied 19/30 ,191 5	Henry Meris	Ross Hill 20 UNDERTAKER S.A. Jour	4	ADDRESS MAC.
If more blan	nks are needed, address State Regis			

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia,") unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

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STATE MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-on statement of eause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasnephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitiol on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Never report mere



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PHYSICIANS

STATE OF MARYLAND PLACE OF DEATH

CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in .Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE (Address). ARENT OF FATHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death _____ yrs. ___ mos. .. State

Where was disease contracted. if not at place of death?

Former or usual residence

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE

(State or country)

[Approved by U. S. Census and American Public Health Association.]

mine, etc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

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V. S. No. 1.

PLACE OF DEATH 17984	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
	Registration Dist. No. 300
Village or City And No. (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME of the William	ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	Sawhine 3 , to throw reservery , 191 0 ,
Month (Day) , 1850 (Month) (Day) , 1860	that I last saw h in alive on / 4 191
7 AGE If LESS than	and that death occurred on the date stated above, at 8.9 m.
63 yrs. 5 mos. 28 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION A D	Carrency the whole ligh
(a) Trade, profession, or particular kind of work particular kind of work	Constitute of the face will
(b) General nature of Industry business, or establishment in	es II I de la
which employed (or employer)	ght type (Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country) A and a	Secondary - (Durelion) yrs, mos ds
10 NAME OF FATHER	(Signed) 5. Horold Grandman, M. O.
M 11 BIRTHPLACE	10/5 , 191.5 (Address) Stacesfeeling not.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER AM OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER May South	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mansland	OR RECENT RESIDENTS) At place In the of deathyrsmosds, State,yrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not el plece ol death?
(Informant) Mrs. Otho I some	Former or usuel residence
(Address): Shapsbury and	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
Filed 10/5/ 1915 Chas. N. Hoffmaster	20 UNDERTAKER ADDRESS
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If more blanks are beeded, address State Registrar, i	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired write None. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coul mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever,

Statement of Cause of Death—Name, first, the nisease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver wound of suivide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which to determine definitely. Examples: Accidental drowning: birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure." "H: emorrhage." "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (mecondary), 10 ds. Never report mere cough; Chronic rabular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.: Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping "Scuile," The contributory (secondary or intercuretc.), as "Puerperal sephchaemia," "Dropsy," "Exhaustion," ("Con-



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

-St.;-----Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

2 FULL NAME RUCK IN STOCK

1 PLACE OF DEATH

mslington

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Color or Race 5 single, Married, Single Widowed, Single Ordivorced (Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I strended deceased from Line child 191 to Gree - Left (2, 191.) that I last saw here alive on Left (2, 191.)
FAGE If LESS than 1 day,hrs. or mos. 23 ds. or min.?	and that desth occurred on the date stated above, at
(b) General nature of Indostry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Sauchlue Manor	Contributory
11 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) MAC 14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Address) True to the Best of My Knowledge (Address) True Do Truel	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Samplus Marion 10 = 8 , 1915
Flied (Col. 7 1915; W. D. allering	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.
1915 O. Ll. Co. Former wir, Local Registrar, Chied died in Registri,

Local REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meminges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent)



N.B.

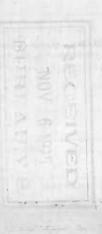
PLACE OF DEATH	STATE OF MARYLAND
County of ashing In	CERTIFICATE OF DEATH
Village of City William Am No V	Registration Dist. No. 30/
2 FULL NAME Pertie Cly ale	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (IJay) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(M). 17 1912	, 1910, 10
7 AGE (Month) (Day) (Year)	that I last saw he alive on the same of th
1 dayhrs.	and that death occurred on the date stated above, at 324 m.
Z yrs ds. ORmin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or anotherwise trade, work	
particular kind of work (b) General nature of Industry	
business, or establishment in which employed (or employer)	(Buration) yrs. mos ty is.
9 BIRTHPLACE (State or country)	Contributory Carballe Weed Secondary
U. Va.	(Buration) yrs. Thos. Lys.
10 NAME OF FATHER OCH SIGNAL	(Signed) Marketierolyou, M. O.
U II BIRTHPLACE	och 11 , 1915 (Address) lous food Mod.
U State or country) 11 BIRTHPLACE OF FATHER (State or country) A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicioal.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 3 14 / A Comments	SUICIDAL OF HOMICIOAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER)/	OR RECENT RESIDENTS) At place In the of deeth
(State or country) 14 THE ABOVE IS TRUE TO THE BEST, OF MY KNOWLEDGE	Where wes disease contracted,
(Informant) Over Hanshine	ff not all place of death?
(miorimani)	19 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL
(Address I will am ship fold	million 1 And Och 11
Filed Oct 11th 1915 l. E. Rickard	20 UNDERTAKER DE WILL AMSHAT
If more blanks are needed, address State Registrar, 1	

[Approved by U. S. Census and American Public Health . Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housetaken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Forenian," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (e. g., scpsis, tdanus) may be stated SUICIDAL, OF HOMICIDAL, OF As probably such, if impossible to determine definitely. Examples: Accidental drowning: under the head of "Contributory." (Recommendations state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus "PUERPERAL peritonilis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), lapse," "Coma," "Anacmia" (merely symptomatic), on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vubrular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Convulsions," "Debility" Never report mere "Atrophy," ("Con-



Village of Blay Walliams for (No. Of) 2 FULL NAME Martin V B Ha	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 0 / [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OB RACE 5 STREET, MARRIED, Married (Merito the World) 8 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
(Month) (Day) (Tear)	that I last saw h King slive on Qel. 20 1916		
7 AGE It LESS than 1 day,hrs. Omos. # ds. ORmin.?	and that death occurred on the date stated above, at 4,20, Am. The CAUSE OF DEATH* was as follows: Lettronic Valuetor Clare Denone		
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Hashington Loo Mid	(Duration) 2 yrs. mos. ds. Contributory Drafts (Secondary) (Onration) yrs. 6 mos. ds.		
10 NAME OF Leigh Haish 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 SPUTSELT	(Signed) Circles of The Distance Causing Death, on in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT REGIDENTS) At place in the ot death		
(Intermant) Eomna Waish (Address) Milliamspert Ind	Where was disease contracted, It not at place of death? Former or usual residence		
Flied Oct 23, 1915 6. E. Rickard	20 UNDERTAKER MALLE HIMPONT HOL		
If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (rettred 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons, engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groceru: (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. who receive a definite salary), may be entered as minc, etc. statement. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using diways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile." etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencia. Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin: "Can Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Villago or City Manual Tanks of the County o	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) A hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR OIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 OATE OF OEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 1915, to 1915, to 1915, to 1915, that I last saw have alive on 1916,
7 AGE yrs. 25 ds. or min.?	and that death occurred on the date stated above, at \$\int_{\text{s}}\text{m}\$. The CAUSE OF DEATH \$\pi\$ was as follows:
a) Trade, profession, or particular kind of work (b) General nature of industry dusiness, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEOGE (Informant) (Address) 15 Filed Oct 3 / 191 5 by Boxekard REGISTRAR	Contributory Cecule Cuttrulion Secondary (Quration) yrs. 2, mos. ds. (Signed Causer (Address) Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or wsual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Address Address
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Lahorer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, Locomotive engincer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the oply definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," menin-

suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping The nature of the injury, as fracture of skull, Never report mere mound ("Con-



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every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should sta	SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is we	moortant. See instructions on back of certificate.
Iter	0	ant
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. NoWard) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) ORDIVORGED (Write the word) I BEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day (Year) 7 AGE It LESS than 1 day hrs. The CAUSE OF DEATH* OR ? 222 Rd & OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Buration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE a.c., 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ _ ds. State _ Where was disease contracted. If not at place of death? Farmer or

15 REGISTRAR PLACE OF BURIAL OR REMOVAL

usual residence.

DATE OF BURIAL

Ilt death occurred in

a hospital or institution. give ils NAME lostead of street and nomber.]

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto.,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal schtichaccause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenciascpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asture of the American Medtcal Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train, acciis less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary or intercurrent) For VIO-



BINDING FOR RESERVED MARGIN V. S. No. 1.

County Wash	motor	1,00	CERTIF	ICATE OF	DEATH
		(10)	R	egistration Dist.	No. 307
Hon	ne within	No. 223, S,	1		fif death occurred in
Village or City	y znivero	No. 2-25, 0,	Potomee so	Ward)	a hospital or Institution,
V	Mar L.	16	Horist.		give its NAME insload of street and number.]
² FULL NAMI	Elwingui		Occo		
PERSONAL ANI	D STATISTICAL PAR	TICULARS	MEDICAL CEI	RTIFICATE OF	DEATH
3 SEX 4 COLOR	OR RACE 5 SINGLE,	5, 7 1 2 3	16 DATE OF DEATH	19 KM	1015
Leun les ur	Lute WIDOWE	RGE Planned		(Month)	(Day) (Year)
6 DATE OF BIRTH	(William Chie		17 I HEREBY CERTIF	Y, That I atte	nded deceased from
	Serve:	6" 1861	, 191	5 to	1915
	(Month)	(Day) (Year)	that I last saw h alive	e on QQA	1915
7 AGE	14 to 15	If LESS than	and that death occurred o	n the date stat	ed above, at 5.7 m.
54,	rs 4 mas 2:	2 ds. or mio.?	The CAUSE OF DEATH * V	vas as follows	* 1
8 OCCUPATION	3/	,	COLL RILL	1/10/	anly
(a) Trade, profession, or particular kind of work	Housew	THE			
(b) General nature of Industry					0 0
business, or establishment in which employed (or employer)			**	(Ouration)	yre mos de.
9 BIRTHPLACE (State or country)	011		Contributory		0-00
	Marylas	us.			
10 NAME OF	1. 10111		(Signed) A. E. A. C.	nna	2KR , M. O.
U 11 BIRTHPLACE	un go pra	ggorus	QQQQ 84 1015 (Add	man Marti	in streng Maro
Z OF FATHER	Permis	1.	*State the DISEASE CAUS	SING DEATH, or, in	
C 12 MAIDEN NAME 7	11	0:11	CAUSES, STATE (1) MEANS OF SUICIDAL OF HOMICIOAL.	INJURY; and (2)	whether AGADENTAL,
OF MOTHER	my and	telly.	18 LENGTH OF RESIDENCE (F	OR HOSPITALS, IN	STITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	P	. 1	At place	In the	
(State or country)	1-00000	<i></i>	of deathyrsmes	.ds. State,	yre de.
14 THE ABOVE IS TRUE T	O THE BEST OF MY KI	NOWLEDGE	if not at place of death?	100070000000000000000000000000000000000	***************************************
(Informant)	40 loes		usual residence		***************************************
(Address)	nassmilais	m. nel.	19 PLACE OF BURIAL OR BEA	AOVAL	DATE OF BURIAL
15	1 -		Kose Hill Our	UELEN	1730 1915
Filed 10/29 19	5 00eu	by Davis	20 UNDERTAKER	0	DDREBS
		REGISTRAR	Musuter to	1000	bagerstour
If i	more blanks are needed, a	ddress State Registrar,	16 W. Saratoga St., Balto., Request	ing V. S. No. 1.	

STATE OF MARVIAND

17989

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning: ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tdonus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, railway train-accident; "Dropsy," "Exhaustion," State cause Revolver Never report mere "Atrophy," mound



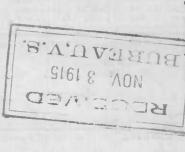
PLAGE OF DEATH 17990	STATE OF MARYLAND
County Mashington	CERTIFICATE OF DEATH
1	Registration Dist. No.3./D
Village or City Self Lyst (No.	St.; Ward) [If death occurred in a hospital or institution, give its MAME instead of street and number.]
FULL NAME JUVILLA JUJI	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, ORDIVORCED, ORDIV	(Month) (Day (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h says allve on OST 13 1915
⁷ AGE If LESS than	and that death occurred on the date stated above, at 2 Am,
yrs mos. f day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or	Motal insufficiency
particular kind of work. (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) / yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Chang Branchitis
10 NAME OF SATHER STREET HE CHANGE	(Signed) J. M. D.
	008 16 , 1913 (Address)
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a Kland on	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	or Recent Residents) Af place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, the state of July of the state of death?
(Informant) (Informant)	Former or usual residence telp fresh in d
(Address) Leep Chips to the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 60 16 , 1915 Emma So Jounking	20 UNDERTAKER ADDRESS ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotivo engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) State cause for Never report



8 ż

ř.	PLACE OF DEATH 17991	STATE OF MARYLAND
Cour	by Washington	CERTIFICATE OF DEATH
		Registration Dist, No. 2
\/:IIa	and some son some stone stone	Eload buile Sest of Thay say town
Villa	ge or city (No. 100)	a hospital or institution,
	25111 MARIE KOLTEST VI	Och et street and number.]
	- FOLL NAIVIE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5. SINGLE, MARRIED WIOOWED	16 DATE OF DEATH Office (Month) (Day) (Year)
u	rale Will Write Write Will	(Month)' (Day) (Year) 17 I HEREBY CERTIFY, That (at 20 and deceased from
6 DA	TE OF AIRTH	, 191, te
	(Month) (Day) (Year)	that I last saw here are on dead Och 141915
7 AG		and that death occurred on the date stated above, at 11.30 m.
	alt 38 yrs mos. ds. or mig.?	The CAUSE OF DEATH * was as follows:
8 00	CCUPATION Profession, or Con 1 Millian	acute Delatotion of heart
C pa	rticular kind of work W CC	
bu:) General nature of lodustry Bousdiedation Coal Ev. ich emplayed (or employer) Constitution Coal Ev.	(Ourstion) yrs. mos. ds.
9 BI	RTHPLACE (State or country)	Secondary
	10 NAME OF PALENT HOIL	(Signad) (Signad), M. O.
S	11 BIRTHPLACE	Ch 14, 181. S. (Address) Nagustown M1
Z	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARENT	of Mother Manuel Aluison	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place to the of deathyrs
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disass contrasted, If not at piece of death?
	(Informant) Christopher Roberto.	Former er usual realdesce
-	(Address) Midland, Ind.	19 PLACE OF BURIAR OR REMOVAL DATE OF BURIAL
16 Fil	en 10/14 1915 Henry Davis	20 UNDERTAKER AODRESS
	REGISTRAR	Dinseller Non Trag Endlown
	. If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on aecount of the disease causing death, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Housework, or At Home, and children, not gainfully Compositor, Architect, The material worked on may form part Locomotive engineer, But in many cases, If retired from

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on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated state means of injury and qualify as accidental, suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of birth or miscarriage as Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measker, Whooping Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The eontributory (secondary or intercur-"PUERPERAL sephichaemia," State cause for which Never report mere



	RECORD	PHYSICIANS should state of OCCUPATION is very
4. 8. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Parts.		Z



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 5 6

PLACE OF DEATH	17992	1
County Hashington		(9
Village or City MT Brise	(No	

[If death occurred in

	²FU	LL NAME	m m	m	J. Halin	4	give Its	NAME Instead and number.
	PERSO	DNAL AND STATISTIC	CAL PARTICULARS		MEDICAL CE	RTIFICATE O	F DEATH	
3 5	male	4 COLOR OR RACE	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word)	uger	16 DATE OF DEATH	(Month)	7 _{(Day}	, 1913 (Year)
6 D	ATE OF BIRT	H (Month)	(Day	1.9/5 (Year)	17 HEREBY CE	, to		, 191,
		yrs	1	f LESS than day,irsmin. ?	and that death occurred on the CAUSE OF DEATH * was		above, at	4 Cm.
(b) bus Wh	rticular kind of w) General nature of siness, or establich employed (or IRTHPLACE (State or eou	of Industry, iishment in employer)	y a Zun		Contributory Secondary	(Duration)	yrs	mos. ds.
ARENTS	12 MAIDEN	ACE HER PE COUNTRY) NAME NAME	Holm.	^	(Signed), 7/7 S. (Signed), 7/7 S. (Signed), 7/7 S. (Addres: *State the Disease Causical Causes, state (1) Means of Tal, Suicidal, or Homicidal	SS) AM	, in deaths fr	e h
14 7	THE ABOVE IS	ACE HER r country)	he m) OGE	At place of death yrs mos Where was disease contracted, If not at place of death?	In the ds. State	INSTITUTIONS,	TRANSIENTA.
16 Fil	(Address)	1. 191 2 H.H.	Seinen Rec	DISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR RE Junia in Juni 20 UNDERTAKER M. m. 20 UNDERTAKER M. Juni Mill Ling Justin	MOVAL Wice Holey	DATE OF B	, 1915
		If more blanks a	re needed, address S	State Regist	rar, 6 E. Franklin St., Balto., Re	equesting V. S	. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent)



STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilf death occurred in St:....Ward) a hescital er institution. give its NAME instead ef street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. 1913 WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) CERTIFY. That I attended degrased from 6 DATE OF BIRTH 910 (Day) (Year) (Month) 7 AGE If LESS than 1 day.hrs. OR min. ? BOCCUPATION (a) Trade, professien, er darticular kind of work. (b) General nature of industry. business, or eatablishment in (Duratien) which empleyed (er empleyer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country State yrs, ____ mos. ef death yrs, mes, ds. Where was disease centracted. If net at place of death? Fermer er usual residence. 064 Deaverer, 191.5

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples (0)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc., Carciniosis of lungs, meninges, peritonaeum, etc., Carciniosis

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. ORDIVORCED (Write the word) DATE OF BIRTH 1915 (Month) (Day (Year) 7 AGE If LESS than and that desth occurred on the date stated shove, at... f day,.....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. and was made to make diagress (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Doration), 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) State _____ yrs.___ Where was disease contracted. 14 THE ABOVE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

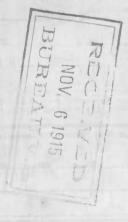
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nus," "Old Age," "Shoek," "Uraemia," "Weakness," oma, Sarcoma, etc., of..... (name origin; "Canscpsis, totanus) may be stated under the head of such, If impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eonditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less defluite; avoid use of "Tumor" for mallgture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds., (Recommendations on statement of (secondary or intercurrent) Never report



•	RD CTLY RHYSICIANS I. Exact statement of	Cour	17995 nty Hashington ge or City Leitersburg (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 % St.; Ward) St.; Ward) [If death eccurred in a hespital or institution, give its NAME instead of street and number.]
	ECO		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD -Every item of information should be carefully supplied. AGE should be stated EXACT should state CAUSE OF DEATH In plain terms, so that it may be proporly classified. OCCUPATION is very important. See Instructions on back of certificate.	F AG S AG	x 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR OIVORCED WIDOW TE OF BIRTH (Month) (Day) (Year)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Oct. 29, 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Cet. 26, 1915, to Oct. 29, 1915 that I last saw here alive on Oct. 26, 1915 and that death occurred on the date stated above, at G. 2, m The CAUSE OF DEATH; was a follows: Oct. 29, 1915 (Burstlen) yis mes. ds Contributory Secondary (Burstlen) yis mes. ds (Signed) A Wish Of Injury; and (2) whether Accidental, Suicioal of Homicioals. 18 Length of Residents At place of desth yis. mes. ds Where was disease contracted, if not at place of desth? Formar or usual residences 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A A A A A A A A A A A A A A A A A A
N S A	ខា	15 Fil	Oct. 29, 1915 JAWishard REGISTRAN If more blanks are needed, address State Registrar, 1	Lewis Reicher Hunketown

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits ean be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor. Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Forenian," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed as At school or At home. Carc should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housematt, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state becapation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write Nones

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH of primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal five (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin: "Caneer" is less definite: avoid use of "Tumor" for malignant neoplasms): Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchonneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (inerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracınia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or miscarriage as "Puerperal septiehaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

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)	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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Cour	1 PLACE OF DEATH 17996 1899 or City Hagestown (No. 544, M. 2 FULL NAME Saloman 7 Ja	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	TE OF BIRTH ATT MARRIED, MIDDWED OR DIVORCED TANKS (Write the word) 1852	16 DATE OF DEATH OF GEN 1915 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I seemed deceased from 1915, 1915, 1915, 1915, 1915, 1916, 1
A Pa	6 2 yrs. 10 mes. 22 ds. OR min.? CCUPATION 1) Irade, profession, or RR Conduction ritcular kind of work	and that death occurred on the date stated above, at 1,13 km. The Cause of Death * was as follows: Atomical
bus wh	Siness, or establishment in iich employed (or employer)	Contributory Astra C. Jacks Mos. ds. Contributory Astra C. Jacks Mos. 10 ds. (Ouration) yrs. mos. 10 ds.
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Deary, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmosds. Where was disease contracted, If not at place of death?
15	(Address) Laguatown Mo	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
File	REGISTRAR If more blanks are needed, address State Registrar, 1	Watkins Minish Hag Md.

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hauscmaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Former or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coul mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculasts of lungs, menin-

under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, tdanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichuemia," "Puenperal peritonilis," etc. State cause for which cause. Always qualify all diseases resulting from child-Struck by roilway troin—accident; Revolver wound etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Uracinia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.). "Annemia" (merely symptomatic), "Atrophy," lapse," "Cona," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. : The contributory (secondary or intercurcough; Chronic ruleular heart disease; Chranic interstitiol ges, perilonacum, etc., Carcinoma, Sorcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Never report more ("Con-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in -Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 2.45 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (Trade, profession, or particular kind of work. (b) General nature of Indostry. business, or establishment in mos / O ds which employed (or employer) -----BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE oversons PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESCHENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) yrs. Where was disease contracted If not at place of death? Former or usua! residence. BURYAL OR REMOVAL DATE OF BURIAL If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 17998	STATE OF MARYLAND
	county Washington	CERTIFICATE OF DEATH
	-1 9-	Registration Dist. No.
	Village or City Co. 1 (No.) [,]	D Ward) [It death occurred is a hospital or institution,
	*FULL NAME Univaries Ch	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
J	Well Color of Race Single, Married, Mar	16 DATE OF DEATH (Month) (Day (Year)
	6 DATE OF BIRTH	OCP 13 - 1913 to DEP 17 1913
	(Month) (Day (Year)	that I last saw here allyeon BCF 13 - 1915
	7 AGE It LESS than	and that death occurred on the date stated above, at 3 Pm.
	yrs mos ds OR 3.0 min. ?	The CAUSE OF DEATH* was as follows:
ı	© OCCUPATION (a) Trade, protession, or	Bremalini !
M	particular kind of work (b) General nature of industry,	
P.	business, or establishment in which employed (or employer)	(Duration)yrsmosds.
	9 BIRTHPLACE (State or country)	Secondary Secondary
	10 NAME OF A A A A A A	(Signed) College B. Wilcom Mr. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.
	on The BIRTHPLACE	OCP 16, 1915 (Address) Hegenstown
	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
	OF MOTHER OF MANY AND	
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
1		of death yrs mos ds. State yrs mos ds Where was disease contracted.
	1901 m 10 1 0 1 1 0 0 1 1 0	It not at place of death?
	(Informati)	usual residence
	(Address)	NUMAN TIME OF BURIAL OR REMOVAL DATE OF BURIAL OR THE OF
	Filed 10/18 19/5 Henry Davis	20 UNDERTAKER ADDRESS
-	If more blanks are needed address State Poster	> 12 AL LIMAN Damy
	note blands are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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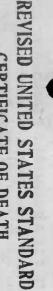
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PHYSICIANS should of OCCUPATION IS 10 Every Ites CAUSE O

STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No... Fif death occurred in a hospital or institution give its NAME Instead of street and nombor.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Dav HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE 4.450 If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION a) Trade, profession, or Xparticular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 ... (Address) ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ mos. .. _ ds. State Where was disease contracted. 14 THE ABOVE IS If not at place of death?. Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," As examples: (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-"Croup";) brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing dearn (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

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the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



NK Ilddus WRITE 5

PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. properly pe may 0 back Instructions plai _ 0 OF Every Item CAUSE OF Important.

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER

(Address).

OF MOTHER

(State or country)

PARENTS

16

ACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in a hospital or institution. give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIEO WIDOWEO. (Month) (Day (Year (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary

*State the DISEASE CAUSINO DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(Doration)

OR RECENT RESIDENTS)				, I I A I WILLIAM	4
At place of death yrs mos	_ ds.	In the State	yrs	mos.	d
Where was disease contracted,					

OF RESIDENCE (FOR HOSPI

If not at place of death?

Former or usual residence

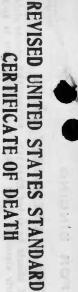
MY KNOWLEDGE

1	PLACE	OF BURIAL OR REMOVAL	
	ay	erstown Tu	V
OX.	OUNDE	TAKER	

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DDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Buito., Requesting V. S. No. 14



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

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Very PHYSICIANS should back EATH in plair e instructions a OF Every Item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 3 (If death occurred in St:Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 4 COLOR OR RACE 3 SEX WIDOWED, Zmarr ORDIVORGED HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Day) If LESS than TAGE and that death occurred on the data stated above, at / 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) Contributory... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place In the OF MOTHER (State or country) ... yrs. mos. ds. State vrs. mos. Where was disease contracted. If not at place of death? osual residence DATE OF BURIAL 15

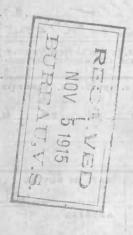
If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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A PERMANENT RECORD stated EXACTLY. I WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain Every Item of information CAUSE OF DEATH in pial Important. See instructional

PHYSICIANS should state of OCCUPATION is very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .: Ward)

[if death occurred to a hospital or institution, give its NAME instead

mell

2FULL NAME COMODUM U AMA				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Famula Color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from			
12 14 , 1830 (Month) (Day (Year)	017 1915 to 017 / 7 1915. that I last saw h 4 alive on 017 / 2 1916			
7 AGE 8 4 9 mos 28 ds or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which smpluyed (or smployer)	Survey Guration) yrs mos ds.			
State or country) 10 NAME OF	Contributory Secondary (Duration) yrs mos ds.			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place in the of death			
(Informant) Colorand J Live (Address) Kundys bills man	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
Filed OF 15, 1915 At A Suivine REGISTRAR	20 UNDERTAKER CL Dunger + Co Kurches ville			
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material (a) Spinner, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tnmor" for malignant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) canse of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mns," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated nnder the head "Dropsy," The nature of the "Exhanstion," Never report For vio-



V. S. No. 1.

PLACE OF DEATH

18003	STATE OF MARTLAND			
County Washington	CERTIFICATE OF DEATH			
Out the second s	.302			
7/	Registration Dist. No.			
Village or City SaseNoww (No. Wash.	O . Mystatel se : 3" Ward) [If death occurred in			
Village or City (No. W. W. C. No. W. C. No	Ward) a hospital or institution,			
(/ ,11'M' 30	a give its NAME Instead			
2 FULL NAME William Joenty A	ortabalish of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH			
or DIVOROSSINGLE	(Month) (Day) (Year)			
male While (Write the word)	17 HEREBY CERTIFY, That attended deceased from			
6 DATE OF BIRTH	CARTIA 5 Pat 12 5			
FIGH 8" .901	, 191 , to , 191 , 191 ,			
(Month) (Day) (Year)	that I last saw h www.alive on Det 12 , 1915,			
7 AGE If LESS than	and that death occurred on the date stated above, at M.m.			
144 8 15 1 day, hrs.	The CAUSE OF DEATH * was as follows:			
77 yrs. 0 mos. O ds. OR min.?	1 Lephant Famel)			
8 OCCUPATION				
(a) Trade, profession, or School - Voy	9++ 161+ PT;			
(h) Ganaral nature of industry	Vuleatural flestoration - Varioleveles			
business, or establishment in	(Ourstion) yrs. mos. 3 ds.			
which employed (or employer)				
9 BIRTHPLACE (State or country)	Contributory Lyphory Trans			
Mariland.	2			
10 NAME OF OI	(Buration) yrs. Z mos. ds.			
FATHER JOA !!!! Contrabally	(Signed) M. O.,			
11 BIRTHPLACE	Oct, 13-1915 (Address) Hagerston Md			
11 BIRTHPLACE OF FATHER (State or country) 12 MAIGEN NAME OF MOTHER Elizabeth Torusk	State the Dispass Causing Drath or, in deaths from Violent			
U (State or country)	State the DISEASE CAUSING DEATH OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.			
T 12 MAIOEN NAME OF MOTHER STATE OF THE STATE OF MOTHER				
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
13 BIRTHPLACE OF MOTHER	At place in the			
(State or country)	of death yrs. mes. ds. State, yrs. mos. ds.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contrasted, if not at place of death?			
Te of Prika barrent	Former er			
(Informant)	usual residence			
Paul Marc Pa	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL			
(Address) UWC-WWY, ICC	Illaccomo Per 10/20 1			
16 11 12 -1	Congression, VIV.			
Fled 10-13- 1915 Hoenry Davis,	20 UNDERTAKER / ADDRESS			
REGISTRAR	Misuler you chasers min			
(If more blanks are needed address State Posistres 1	6 W. Sarators St., Balto, Requesting V. S. No.			
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				



[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil ver, Stationory fireman, etc. But in many cases, very important, so that the relative healthful-The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pucumonia, nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

head-homicide; Poisoned by. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart discose; Chronic interstitial SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or misearriage as "Puerperal septichumio," "Puerperal peritonitis," etc. State cause for which "Tumor" for malignant neoplasms); Meosles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcomo, etc., of on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of "Heart failure," "Haemorrhage," "Inanition," "Marasby railway frain-accident; Revolver The nature of the injury, as fracture of skull, carbolic ocid-probably Never report mere (Recommendations wound of



Village or City Hagestown (No. 49.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that least saw h. in silve on Oct // 1915
7 AGE 2 9 yrs mos 6 ds OR min.?	and that desth occurred on the date stated above, at # P. m The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in	nophrans
** which employed (or employer) **BIRTHPLACE** (State or country) **Mary faced	Contributory Secondary
on 11 PIPTUPIACE Searce W Lylin	(Signed) Device (G. Leas Reus), M. D. Def 13, 1915 (Address) Vagenthem had
OF FATHER (State or country) Many Land Part of Mother of Mary Land OF-MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOT	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) May land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted.
(Interment) Esome Ly les	It not at place of death?
Filed 10-13-1915 Horry Savis	PLACE OF BURIAL OR REMOVAL Half way 20 UNDERVAKER ADDRESS Hag 44 1 4 2 4 1 4 1
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Palty., Requesting V. S. No.1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



PHYSICIANS of statement of	Coun	nty Washington 18005 ge or City Hagerstown (No. 820, W.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302 [It death occorred in a hospital or institution.
lassified, Exac	3 SE	PERSONAL AND STATISTICAL PARTICULARS x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWFDV.	MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH DCL 1 2 1915
Every item of information should be carefully supplied. AGE should be stat should state CAUSE OF DEATH in plain terms, so that it may be properly coccupATION is very important. See instructions on back of certificate.	6 DA	TE OF BIRTH AULITY (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from the last saw him alive on Oct - 1915 that I last saw him alive on the date stated above, at 8 Par The CAUSE OF DEATH * was as follows:
	par b bus whi	CCUPATION Trade, profession, or Returned Butterles General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country)	Myocardelis; (Quration) yrs. 6 mos. Contributory artino Allerario - Secondary.
	PARENTS	10 NAME OF FATHER SOUTH MC. ONTER. 11 BIRTHPYACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MARY Albert. 13 BIRTHPLACE	(Signed) (Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
		(State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) HE AGENTIONN, MAIN	At piecs in the of death yrs. mes. ds. Siste, yrs. mos. where was disease contracted, if not at place of death? Former or usual residence 19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL Proc 18 B. C. M. C.
N. B. – E.	15 File	REGISTRAR If more blanks are needed, address State Registrar, 1	Destar Von Vasenton 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mill; (a) Salesmon, (b) Grocery; (a) Foremon, (b) Automobile factory. The material weeked on may form part business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Form laborer, Loborer "Foreman," "Manager," "Dealer," etc., only when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to cach and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," Locomotive engineer, without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, letanus) may be stated suicide. The nature of the injury, as fracture of shall, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. cough; Chronic valvular heart diseose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-hamicide; Poisoned by corbolic acid-probably to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. cause. "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. MEANS OF INJURY and qualify as ACCINENTAL, or miscarriage as "Puerperal septichuemia," Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver wound of State cause for which Never report mere



Very RECORD PERMANENT cla properi INK supplied. be UNFADING may certificate. 20 30 WITH back terms, piain See instructions EATH Jo Q Item OF mportant. Every Ite

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH machineton Registration Dist. No. 4 a hospital or institution. give its NAME lastead of street and number. 1 2FULL NAME..... PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED. (Month) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from ... 191..... to (Month) (D; (Year) TAGE If LESS than and that death occurred on the date stated above, at. f dayhrs. OF DEATH* was as follows: OR min. ?mos..... 8 OCCUPATION (a) Trade, profession, or none particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) yrs.....ds. which amployed (or employer) BIRTHPLACE Contributory. (State or country) Secondary ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs. ___ mos. __ Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?

DATE OF BURIAL

If death occurred in

1915

(Year)

20 UNDERT ADDRESS

19 PLACE OF BURIAL OR REMOVAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. & No. 1.

REGISTRAS

Former or

usual residence.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statemeut. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mus, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Hacmorrhage," "Inanition," "Maras-inus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAI	should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	OCCOPATION IS very important. See instructions on pack of certificate.
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County

3 SEX

7 AGE

PARENTS

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FEMALE

5 DATE OF BIRTH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in ANTIETAM a hospital or institution, give its NAME instead of street and number." PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH OR DIVDRCED 14" 185 (Day) (Ye If LESS 1 day, ELOOMENOUR 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

WASHINGTON

1 PLACE OF DEATH

5 SINGLE, MARRIED, WIDDWED

Village or City HAGERSTOWN	
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4 COLOR OR RACE

MARCH

WHITE

BOCCUPATION
(a) Trade, profession, or HOUSE-WORK

(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF

FATHER

11 BIRTHPLACE OF FATHER (State or country)

13 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

> DF MOTHER (State or country)

(Informant) MORRIS HICKE

(Address) HAGERSTOWN

FULL NAME SARAH AGNES MARTIN

TRETAND

CIERMANY

16 DATE OF DEATH		18	101
(M	Ionth)	(Day)	, 1916 (Year
that I last sawh Lalive on and that death occurred on the death oc	ate sta	ended/decease), 19V
(Signad) (Bur	ration)	mo mo	11 /
*State the Disease Causing Dra Causes, state (1) Means of Injury Suicioal or Homicidal.	; and (2) whether Accur	ENTAL,
State the DISEASE CAUSING DEA CAUSES, state (1) MEANS OF INJURY	; and (2) whether Accur	RANSIEN
State the DISPASE CAUSING DRA CAUSES, State (1) MEANS OF INJURY SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSE OF RECENT RESIDENTS) Al place of death yrs	; and (2) whether Accir	RANSIEN
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRA

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the nisease causing death, Housemaid, etc. taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House---Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crocery; (o) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., 'sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Astlienia, ehopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. eough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), or miscarriage as by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtroin-accident; Revolver "Puenperal septiehaemia," State eause for which Never report mere "Atrophy," "Colmound



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	Every item of Information should be carefully supplied. should state CAUSE OF DEATH in plain terms, so that OCCUPATION is very Important. See instructions on I	pai (b bus	COUPATION) Trade, profesticular kind o) General natus siness, or estich employed (f work re of indusfry ablishment in	PF PF P7 1
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1 PLACE OF DEATH

ABRAHAM O. MILLER

YDIA ANN REEDER

TRUE TO THE BEST OF MY KNOWLEGGE

MRS. A. J. MILLER

...HAGERSTOWN MD.

KENTUCKY

18008 V	STATE OF MAR CERTIFICATE OF Registration Dist.	DEATH 4
N _{0.} 810 CHE	STNUT St; 2" Ward)	[If death occorred in a hospitat or institution, give its NAME instead of street and number.]
STICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
TOTILES THAN 1 day, hrs. mos. 23 ds. OR min.?	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I atterned to the last saw harmonic on the date state. The CAUSE OF DEATH * was as follows	191 5 191 5 191 5 191 5
FARMER	Scale (turn	elm
SSEE	Contributory Secondary	& Ruming

7 0			(tun)	3 mu:	F MANN N
(Signed)	461	do	KK		
10	11 . 181.	Address)	Long	as ?	ter
CATHER.	ate the DISEASE (AUSING DEAT OF INJURY;	H, or in de and (2) wh	aths from V	IOLEN

-	18 LENGTH OF RESIDENCE (FOR	HOSPITALS, INSTITUTIONS	TRANSIENT
	At place	In the	
	of death yrs. mea	State,yra	moa d

if not at place of death Former or

19 PLACE OF BURIAL OR REMOVAL ROSE HILL CEMETERY

DATE OF BURIAL OCT. 12" 1915

M. O.

20 UNDERTAKER C. M. SUTER & SON

ADDRESS HAGERSTOWN

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

write None business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the "Foreman," "Manager," "Dealer," etc., without more of the second statement. engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomolive engineer, Civil ter, Stationary fireman, etc. But in many cases, If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... cause. Always qualify all diseases resulting from child-(name origin; "Cancer" is less definite; avoid use of or miscarriage The contributory (secondary or intercuras "PUERPERAL septichaemia," State cause for which Never report mere (Recommendations



1 PLACE OF DEATH

e	County Washing In 18003	CERTIFICATE OF DEATH
Exact statem	Village or City Naglistom (Not Task, be) 2 FULL NAME David Willi	Registration Dist. No. Hospital st.; Hospital or institution, give its NAME instead of street and number.
je =	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
46	male white 5 single, married windwent white 6 single, married or pivonce (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I_HEREBY CERTIFY, That I attended deceased from
certifi	Oct. 2 1 791 (Month) (Day) 1 (Year)	that I last saw him alive on oel. 7", 1915,
back o	2 4 yrs mos 5 ds. 1 day, hrs. or min.?	and that death occurred on the date stated above, at James The CAUSE OF DEATH * was as follows: Deart ballowed after lave. For affect details
instructions of	(a) Trade, profession, or particular kind of work. (b) General nature of indusfry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. mos 3 ds.
DEATH in plain portant. See	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) Coursion Transport M. 0. (Signed) Course Cou
N is very in	of Mother Jusan Martin 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or Recent Residence (for Hospitals, Institutions, Transients, or Recent Residents) At piace of death
SCUPATIO	(Informant) Joshik More (Address) Williamsfort MS	Former or would residence No a Halfhay. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St. Paulo Cerneters Md. Off. L.D., 1915
× =	Filed 19-, 1910 2001 REGISTRAR If more blanks are needed, address State Registrar,	20 UNDERTAKER Oldert Le of Williamshut Me 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, write None. engaged in donestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be precise specification as Day loborer, Form loborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foremun, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopmenmonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puenpenal septichaemia," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrlage," "Inanition," "Marasto determine definitely. Examples: Accidental drowning; mus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," Example: Measles (disease causing death), 29 ds.; Bronetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of ... "Annemia" (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere



PLACE OF DEATH	STATE OF MARYLAND
County Washingt	CERTIFICATE OF DEATH
	Registration Dist. No. 310
Village or City Winter (No.	St.; Ward) [It death occurred li
* PULL NAME Parisieres Vois	give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Jingle Windly (Write the word)	(Month) (Day) (Year) 17 (Mereby Certify, That I attended deceased from
8 DATE OF BIRTH OCL 14 15	Sefts 3 26, 1915, to Och 13, 1910,
(Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. yrs. 3 mos. ds. ORmin.?	and that death occurred on the date stated above, st
© OCCUPATION (a) Trade, protession, or particular kind of work	Cholera Infantia
business, or establishment to which employed (or employer)	(Ouration) yrs × mos / 9 ds.
9 BIRTHPLACE (State or country) Burnewell mil	(Secondary) (Duration) (Duration) (Duration)
10 NAME OF RES Morre	(Signed) A Hoge , M. D.
11 BIRTHPLACE OF FATHER (State or country) Washington C had	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether According
M 12 MAIDEN NAME C 13 Brown	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Washington Co Gul	At place in the of death yrs mos ds. State yrs mes ds. Where was disease contracted,
(Informant) Muss Street Allers (Informant)	It not at place of death?————————————————————————————————————
(Address) Warolin W	Doller Det 15, 1915
Filed (OC) 15 1915 Emma S. Josephine	Heets Bunsin
If more blanks are needed, address State Revistra	

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-(b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercustionis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purrerran scotichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. - State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless oma. Surcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can important. "Exhaustion," Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOMM BINDING FOR RESERVED MARGIN V. S. No. 1.

	County Vashington 18011	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.304
	Village or City Cancocl G. (No	St.; Ward) [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
te.	nemale, Ostores 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
of certificate	TAGE S DATE OF BIRTH SC. 3/ 19/3 (Month) (Day) (Year) If LESS than	that I last saw h alive on 10/17, 1915, and that death occurred on the date stated above, at 6,30 m.
ctions on back	yrs	The CAUSE OF DEATH Is was as follows: Merchant (Burallon) yrs, mos, ds.
very important. See instructi	which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER CONARD M. Moxley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Buration)
OCCUPATION is	(Informant) LOWARD TO THE BEST OF MY KNOWLEDGE (Informant) LOWARD MAN MAN (Address) LANCOCK MAN (Address) LANCOCK MAN (Address) LANCOCK MAN (Address) LANCOCK MAN (Address) REGISTRAR	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUNDERTAKER ADDRESS Man Cocy 6 Mo
	If more blank are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

10.00



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing Death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Hausework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Lobarer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mabile factory. mill; (a) Salesman, (b) 'rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in inclustrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at bonne, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Architect, Locomotive engineer, If retired from (b). Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (c. g., sepsis, tetanus) may be stated nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbalic acid-prabably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H-emorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility." ("Consymptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Braurent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Puenpenal septichaemia," ACCIDENTAL, important.



PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

WRITE

V. S. No. 1.

RECORD

N. B.—Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

I'll death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

Williamsport (No. 1801)

LE NAME Assis E. Munimust

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fund White (Write the word)	16 DATE OF DEATH Oel 20 , 191 S (Month) (Day (Year) 17 O I HEREBY CERTIFY, That Lattended deceased from
Month) (Day (Year)	that I last saw here alive on Och. 113 1915
7 AGE If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at 3. P., m. The CAUSE OF DEATH* was as follows: Odlowlos Heart disease
(a) Trade, profession, or Foursewoft (b) General nature of industry, business, or establishment in	7
which employed (or employer) BIRTHPLACE (State or country) Pletousville Mile	Contributory Mithal Insufficiency Secondary
10 NAME OF Deuton Beard	(Signed) Liebardsou M. D. (Signed) Liebardsou M. D. (Signed) Liebardsou M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Mariell	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 14	or Recent Residents) At place to the of death
(informant) CINTERS MY KNOWLEDGE	If not at place of death?————————————————————————————————————
(Address) Welleausport M.	eleanspring. Md. Date of Burial eleanspring. Md. Det. 7. 3, 191.6- 20 UNDERTAKER ADDRESS
Filed C. 1915. 1915. REGISTRAR If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc. The contributory (secondary or intercurrent) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e, g., mia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken: (Recommendations on statement of For VIO-



state Very PHYSICIANS should of OCCUPATION is RECORD Exact statement PERMANENT EXACTLY. classified. 4 THIS properly AGE UNFADING INK pe supplied. may certificate. carefully that o WITH on back hould PLAINLY. plain See Instructions Information 2 of Inform DEATH

Village or City

2FULL N

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

my were	Registration Dist. No. 3/2
earfierd (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and nomber.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LOR OR RACE SINGLE, MARRIED, Suryle WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Dec 28 , 1908	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) If LESS than t day,hrs.	and that death occurred on the date stated above, at
yrs 7 mos 8 ds OR min.?	X X
	Chelippe ?

	(A	
	yrs.	
Contributory	noue	
Secondary		
***************************************	(Duration) vrs.	- mos /

1915 (Address) Mazaut Lo *State the DISEASE CAUSING DEATH, or, in deaths from

-	CAUSES, state (1) MEANS OF INJURY; and (2) whether AccideN TAL, SUICIDAL, OF HOMICIDAL.	ŀ
	18 FNGTH OF RESIDENCE FOR MORNING INSTITUTIONS TO	•

ı	Af piace	In the			
	of death yrs mos ds.		yrs,	mos.	de
I	Where was disease contracted,				

if not af place of death? Former or usual residence

19 PLACE OF BUF	IAL OR	REMOVA	\L
B - 16	0 -	/	سر
moad	Lord	u	4
20 UNDEBTAKER	1)	

DATE, OF BURIAL

ADDRESS

Af more blanks are needed, address State Registrar, 6 E. Franklin st., Balto., Requesting V. S. No. 1.

PERSONAL A 3 SEX 4 00 DATE OF BIRTH 7 AGE BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishmenf to which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MY KNOWLEDGE 15 REGISTRAR

No. 30

FO Item Every Item CAUSE OF Important.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from thenia," "Anacmia" (mcrely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) Never report EX-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

	PLACE OF DEATH	STATE OF MARYLAND
	. Vashing ton 18014	CERTIFICATE OF DEATH
Co	unty ff	Registration Dist. No. 306
Viii	2FULL NAME Mary. Elizabett	St.;—Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	Generale Histor Single, Married, WIDOWED, ORDIVORCED Fredericd (Write the word)	16 DATE OF DEATH Oct. 5, 19 N. (Month) (Day (Year)
8 D/	2 13 , 1833 (that last saw h. A. alive on Color to 1919.
TAC	(Month) (Day (Year) aE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a)	Trade, profession, or citicular kind of work. General nature of Industry,	apopleye cerebral.
busi Whi	ness, or establishment in ch employed (or employer)	(Duration) yrs mos 3 ds.
9 BI	RTHPLACE (State or country) Franklin Co: Pa	Secondary (Doration) Try mos is
	10 NAME OF FATHER / LUNY. Crise	(Signed) yes mos ds.
ENTS	OF FATHER (State or country) Franklin les Pa.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNT; and (2) whether ACCIDENTAL STRUMBLE OF HONOROWS.
PARE	12 MAIDEN NAME Sout ARum.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSCEPTS
	13 BIRTHPLACE OF MOTHER (State or country) Sout Know	At place In the of death yrs mos ds. State yrs mos ds
	Informant). Fired My KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
16	(Address) Luithe bug me	Lexturing and Date of Burial Lat 2 th, 1915
File	1915 Y N' Sergus ou	20 UNDERTAKER ADDRESS Mo B Hooven Suistin Down
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, "Manager;" "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vrochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

PLACE	OF DEATH	STATE OF MARYLAND
County XX	ashingling	CERTIFICATE OF DEATH
	20 1	Registration Dist. No.
/illage or City	Mar Juesburg	St.: Ward) [If death occurred in
mago proces	M.D. (7) (a nospital or institution, give its NAME instead
2 FL	ILL NAME Ilva Vinge	of street and number.
PERSO	ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX	4 COLOR OR RACE 5 SINGLE, MARRIED. Sunglo	16 DATE OF DEATH OC. 19.1916
Semale	WIDDWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIR	TH OOA	HEREBY CERTIFY, That Lattended deceased from
•	Mar 24, 190	14 Oct 14
AGE	(Month) (Day) (Year	
	// vrs. 6 mas. 2 ds. 1 day. hr	The CAUCE OF BEATURE who as fallows
		- 2 A
occupation (a) Trade, profe particular kind	ssion, or ////	Seneral Streptococcus enfects
(b) General nate	ure of industry	
business, or est which employed	(or employer)	(Duration)
State or cou	intry) Ma	Secondary
10 NAME	of and	duration) yrs. mos 2
FATHE		(Signad)
II BIRTHE	PLACE (HER or country) Many Can	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Z OF FAT (State 12 MAIDE OF M		CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL
OF M	OTHER Sila May lack	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
13 BIRTH	THER (VVI a // . A	At piece in the grant was mos. Its. State, yrs. mos.
4 THE ABOVE	IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not at piace of death?
(informant)	A B Ware	Former or
(mormant)		#Suel residence
(Address	1) of sur amyor	A Maillain of who Mit Och 201915
15	tile soloto il inter	20 UNDERTAKER ADDRESS
FiledVACA	Geral REGISTHAR	Willest Llof Williamstonk
	If more blanks are needed, address State Registr	rar, 16 W. Saratoga St., Balta, Requesting V. S. No. I.
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[Approved by U. S. Census and American Public Health Association.]

write, None E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Caal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchapneumonia ("Pneumonia, nenin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," cause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular hairt disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurcarbolic Never report mere ocid-probably ("Con-

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in -Ward) a hospital or institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE STRULE. MARRIED. WIDOWED, ORDIVORCED (Illrite the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from that I last saw harmalive on Month) (Day (Year) It LESS than 1 dayhrs. as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) _____ yrs. ... mos. Where was disease contracted It not at place of death? Former or usual residence. PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS

L' more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question who have no occupation whatever, write None. For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomcnelasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or intercurrent)



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

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PLACE OF DEATH 18017 County Washing Trees. Village or City Rayers town (No. 17)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.: Ward) [It death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Margaret aus	Shoering of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, Scurgle WIDOWED, ORDIVORCEO ORDIVORCEO ORDIVORCEO (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year)
Odate of Birth Oday (Month) (Day (Year)	that I fast saw here alive on Oly 22 1915
TAGE It LESS than 1 day,hrs. CRmin.? COCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 457m The GAUSE OF DEATH* was as follows: Brokery Compensation Thead (Duration) - yrs 2 mos - di
9 BIRTHPLACE (State of country) 10 NAME OF FATHER 10 NAME OF STATE SHOWING	(Signed) 1915 (Address) Hagerstonnilla
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deathyrs mos ds Where was disease contracted, It not at place of death?
(Informant) Frank & Phracy (Address) Ray exotoring mil Filed 10/23/1915 Henry Davis	Former or Usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PARTICIPATIVE WAY 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional live is provided for the latter statement; Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pertionaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansucb, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



N. B.

iated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated carefully supplied. AGE should be st that it may be properly classified. IS UNFADING INK-THIS of information should be carefully sur DEATH in plain terms, so that it m. See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF I

15

(Address).....

Filed ON 20

V. S. No. 1.

STATE	OF V	IARY	LAND
CERTIFIC	ATE	OF	DEATH

1 PLACE OF DEATH	STATE OF MARYLAND
Jashingin 18018	CERTIFICATE OF DEATH
County	Registration Dist. No. 3/6
Village or City / Way 2006 hr. 2FULL NAME 2007 have	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw n. alive on 191
7 AGE If LESS that 1 dayhrs	and that death occurred on the date stated above, atm, The CAUSE OF DEATH was as follows:
OCCUPATION (d) Trade, profession, or particular kind of work. (b) General nature of industry,	grund, 3 mos and
business, or establishment in which employed (or employer) BIRTHPLACE	(Duration) yrs mos ds.
(State or country) Manylan	Secondary (Durafion)yrsmosds.
10 NAME OF FATHER Eline Julius Thurs	(Signed) THE Simple M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
OF FATHER (State or country) & Mahayan Cr Mr	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	The consession and the contract of the contrac
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not af place of death?————————————————————————————————————

OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

REGISTRAR

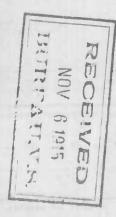
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care been changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to dctermine definitely. Examples: LENT DEATES state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



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	ty Hag			
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DATE OF BIR	С	OY -	L -	, 18 14 t
⁷ AGE	9 / yrs.	O mos./	- 4	If LESS than day,hrs.
(a) Trade, profess particular kind of (b) General natur business, or est which employed (work before the control of the contr	use w	fo	
9 BIRTHPLACE (State or e	ountry)	1 034	land	7
10 NAME FATHE	of no	Re cora	. /	
	PLACE THER or country)	Mo R	1/	4
12 MAIDE OF M	OTHER MU	to Ele		itchel -
OF MO (State	or country)		Pen	n
4 THE ABOVE	IS TRUE TO T	Many	MY KNOWLE	DGE
. (Address)) <i>†</i>	tager	atom	- Ind
Filed 15-	8-,1915	Her	ery D	wis

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. If death occurred la a hospital or institution, give its NAME Instead of street and nomber.]

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day I HEREBY CERTIFY, That I attended deceased from that death occurred on the date stated above, CAUSE OF DEATH* was as follows: (Duration) *State the DISEASE CAUSING DEATH, of in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-LL, SUICIDAL, OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, R RECENT RESIDENTS) 3C8 in the yrs. mos. .. ds. State yrs. e was disease contracted. of at place of death? er or I residence BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblilty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent)



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	PLACE OF DEATH	STATE OF MARYLAND
Com	Washington 18020	CERTIFICATE OF DEATH
Cour		Registration Dist. No. 303
1	no. 81.0 mls	
Villa	ge or City / lar. Shigh (No. 100)	St.; Ward) [If death occurred in a hospital or institution,
1 55		give its NAME instead
	2 FULL NAME of and Tuest	lock of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOB OR RACE 5 SINGLE, MARRIED, RINGLE	16 DATE OF DEATH
m	nale White MARRIED, Ringle WIOOWEO OR DIVORCED (Write the word)	(Month) (Duy) (Year)
		17 I HEREBY CERTIFY, That I attended deceased from
000	ATE OF BIRTH	Oct 7 ,1915, to Ocb - 18 ,1914,
	(Monthly) (Day) (Year)	that I last saw h walive on Och 13 , 1910
7 AG		and that death occurred on the date stated above, at 12 Pm.
	vrs 2 mes ds or min.?	The CAUSE OF DEATH * was as follows:
11 (4	Trade, profession, or Man	I A L
	yticular kind of work	Okalera Sufueller
bu	siness, or establishment in hich employed (or employer)	(Ouration) yrs mos 4 ds.
		Contributory
	(State or country) Mangland	Secondary (Querilon) yrs. mos. ds.
	10 NAME OF FATHER	The state of the s
10	Frank Tell	(Signad) Plantette M. O.
ST	11 BIRTHPLACE OF FATHER	*State the Dresses Causing them or in deaths from VIOLENT
RENT	(State or country) 12 MAIOEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
PAF	OF MOTHER () AND X AND	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE	O'R RECENT RESIDENTS) At place In the
	OF MOTHER (State or country) Many and	of death yrs mos ds. Stale, yrs mos ds.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not et place of death?
	(Informant) Shair Cel	Former or wsual residence
	or la mid	19 PLACE OF BURIAL OR REMOVAL . OATE, OF BURIAL
	(Address) The Mark The Company of th	Shal sha ma Och 17 1915
15	Cor 16th of my marke	20 UNDERTAKER ADDRESS
FI	led . 191 Tanay REGISTRAR	Allet Lead Williamstont
	If more blanks are peeded, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		7 (7)
11	V	

[Approved by U. S. Census and American Public Health Association.]

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6 yrs.). write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Locomotive engineer, But in many cases, If retired from (b) Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted for the same disease. Examples: Cerebrospinal pneumonia, Bronchopneumonia ("Pneumonia,

> SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible on statement of cause of death approved by Committee nephnitis, etd! on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway to determine definitely. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for which birth or miscarriage etc., when, a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (mcrely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopmeumonia (secondary), 10 ds. rent affection need not be stated unless important. Example: Measles disease causing death), 29 ds.; Broncause. symptoms or terminal conditions, such as "Asthenia, "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," train-accident; Revolver wound Examples: Accidental drowning, State cause for which Never report mere "Exhaustion," ACCIDENTAL, ("Con-

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

	PLACE OF DEATH 18021	STATE OF MARYLAND
	11121 - 4	CERTIFICATE OF DEATH
	ounty Manuel Constitution of the Constitution	Registration Dist. No. 3/4
v	illage or City Bes Pool (No.	St.; Ward) [If death occorred in
		give its NAME lostead
	* FULL NAME / Manuel	failed Upp of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw h alive on, 191
7 A	GE II LESS than	and that death occurred on the date stated above, atm
	yrs	The CAUSE OF DEATH* was as follows:
	CCUPATION	many specifical desired to be both to the second
pai) Frade, profession, or ritcular kind of work	Missensia, about
bus	General nature of Industry, iness, or establishment in	- Y The STATE OF THE TROOP OF T
_	ch employed (or employer)	Contributory
(8	tate or country) Hashington Co	(Secondary) (Ouration) yrs mes ds
	10 NAME OF HORSE G. Repla	(Signed) Meather J. J. Erry M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
ARENT	12 MAIDEN NAME HILLS IN 1	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Ь	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs, mos, ds. State yrs, mos, ds.
14 _T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If oot at place of death?
	Informant IIII a Go The fight	Former or osual residence
	(Address) John Dead State	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	- MM 11 10	20 UNDERTAKER ADDRESS
File	ed 1915 REGISTRAR	Town Bows Address
	If more blanks are needed, address State Registra	r. 6 E. Franklin St. Balto Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indi-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE it should be used only when needed. Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

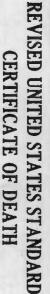
Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum, etc..

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ ture of the American Medicai Association.) The contributory (secondary or intercurrent) .(Recommendations on statement of (name origin; "Can-Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	PLACE OF DEATH 18022 Washington Hage or City Hagustown (No. 536, S) 2 FULL NAME Charles B.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; 2 Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
8	DATE OF BIRTH (Nonth) (Day) , 1877	that I last saw h alive on 191 , 191
8	AGE 38 yrs. 7 mos. 29 ds. It LESS than 1 day, hrs. or mln.?	and that death occurred on the date stated above, at 3.3.4 m. The CAUSE OF DEATH * was as follows: Here they a few fire and the stated above, at 3.3.4 m.
1	(b) Geoeral nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory la further in from alen Secondary
	10 NAME OF FATHER John Ryen 11 BIRTHPLACE OF FATHER OF FATHER 12 MAIDEN NAME 12 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 NAME OF PATHER 10 NAME OF PATHER 11 BIRTHPLACE 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN	(Signsd)
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al placs In the of dasth
1.	(Informant) (Informant)	Formst or asusi residence
11	Filed 10/15, 191 3 Holling Haves	Beauc Creek 1914 1015. 20 UNDERTAKER Mirringh Hay Md.
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. & yrs.). Far persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery: (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Former or Planter, Physiespecially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cion, Compositor, Architect, Locomotive engineer, know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Cool mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenelature of the American Medical Association.) to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shoek," "Urachia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heanorrhage," "Inanition," "Marashead-homicide; Poisoned Struck by railway train—accident; Revolver wound "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the lapse," "Coma," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valeular heart disease; Chronic interstitial "Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... (merely symptomatie), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurby carbolic ocid-probably State cause for which Never report mere "Atrophy," ("Con-



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N.B.

		1 PLACE OF DEATH	STATE OF MARYLAND
		Was lington 18023	CERTIFICATE OF DEATH
A	Coun	ty 13 de voorgy van	3/1
			Registration Dist. No.
		an Than our town in You	[If death occurred in
	Villag	e or City (No. No.	a hospital or institution,
			give its NAME instead of street and number.
		2 FULL NAME Day	
4		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Н	3 SE	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
П		ale white (Write the word)	(Month) (Day) (Year)
	m	all While the word)	17 I HEREBY CERTIFY, That Lattended deceased from
	6 DA	TE OF BIRTH	april 1 1914 to Oct 25 1915
Н		Sept 26 1833	6.7 2 -
		(Month) (Day) (Year)	that i last saw ham alive on
	7 AG		and that death occurred on the date stated above, at 2 m.
		8 2 yrs — mos 2 9 ds. or min.?	The CAUSE OF DEATH * was as fellows:
	9 1	110.	Broken Compensation of
	a (a	Trade, profession, or	heart.
		floular kind of work	1
	bus	General nature of Industry iness, or establishment in	(Ouration) yrs. mos. 27 ds.
è	-	ch employed (or employer)	Chia. 6 1-2 115
	9 BI	RTHPLACE (State or country)	Secondary Secondary
		TVG	(Buration) 2 yrs. mos. da.
		10 NAME OF FATHER	(Signed) F. M. Hoffmeier M. O.
	10	San remon -	Ada - 10 1/2 - 4- 101
	ENTS	OF FATHER (State or counting)	
	Ш	(citae, of country)	*State the DISEASE CAUSING DEATH, Of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal of Homicioal.
	A	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	0		OR RECENT RESIDENTS)
		13 BIRTHPLACE OF MOTHER (State or country)	At place tn the of death yrs. mos. ds. State, yrs. mos. da.
	14	() tate of country)	Where was disease contracted,
	177. 178	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
		(Informant) Chas Deiter	Former or usual residence
		Til tona Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
		(Address) (Laguate VVV)	7 b to md /1/26 ms-
	15	10/05 1-260	20 UNDERTAKER ADDRESS
	File		20 UNDERTAKER ADDRESS
		REGISTRAR 6	Extraction Minus 1 Mag 111/1
		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto,, Requesting V. S. No. 1.
		12327751771791211	REPARSO PAS

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serront, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Furm laborer, Loborer taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekrepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Architect, Locomolive engineer, If retired from without more (b) Auto-11.11.)

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect to Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: and causation), pneumonia, Bronchopmeumonia ("Pneumonia, using always the same accepted Cerebrospinal

> Struck mus, on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthema," cough; Chronic valvular heart disease; Chronic interstitial "PUERPERAL peritonitis," etc. cause. "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Meastes; Wheoping when a definite disease can be ascertained as the "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from childby railway train-accident; Revolver wound The contributory (secondary or intercuras "PUERPERAL septicharmia, "Dropsy," State cause for which Never "Exhaustion," report mere ("Con-

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



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HULL stead

V. S. No. 1.

Z.B.

1 PLACE OF DEATH

Village or City Hagerston (No. 915, 8.	Chessub & St.; 3 Ward) Control of the control of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 19/3	
AGE If LESS that 1 day, from the second of t	The course of or or all the date stated above, at
a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in	Court ign husion
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Charles M. Sliek U 11 BIRTHPLACE OF FATHER (State or country) W (State or country)	Contributory Secondary (Signed) (Signed) (Address) (Address)
Which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Charles M. Scheek 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary Secondary (Signed) State the DINEASE CAUSING DEATH, of in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place of death yrs. mos. ds. State, yrs. mds. Where was disease contracted,
Which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Charles M. Scheek 11 BIRTHPLACE OF FATHER OF COUNTRY) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER	Contributory Secondary Secondary (Signed) State the DISPASE CAUSING DEATH, ow in deaths from VIOLENT AUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. môs.

STATE OF MARYLAND

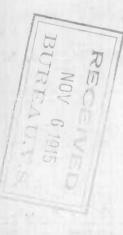


[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory freman, etc. But in many cases, especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; Struck by rodway; train-occident, Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puenderal septichaemia," "Puenderal perilonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marassurgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumania (secondary), 10 ds. cough; Chronic valeular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds. Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ... The contributory (secondary or intercur-Never report mere "Atrophy," ("Con-



County Washington 18025	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
VIIIage of the Carfer of (No.)	St.; Ward) [if denth occurred in n hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marieo, Wichower on Date of BIRTH 4 COLOR OR RACE SINGLE, MARRIED, Wichower Willower, OR DIVERCED (Write the word) 23 1841	(Month) (Day (Year) 17 / I HEREBY CERTIFY, That I attended deceased from 20, 1915.
7 AGE (Month) (Day (Year) 7 AGE If LESS than day,hrs. ORmin, ?	and that death occurred on the date stated above, at
occupation (n) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employar) BIRTHPLACE (State or country) Manuel and	Contributory Wilst at un There and Secondary Jewen delettes (Doration) yrs mos de
11 BIRTHPLACE OF FATHER (State or country) May una 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed), 191 (Addrass), M. D. *State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)
OF MOTHER (State or country) Mary Cauch 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frank Sugdes	of death yrs mos ds. State yrs mos ds Where was disease confracted, If not af piace of death? Former or usual residence
Filed Oct 2 01915 Co C REGISTRAR If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL La Glectoen med Col 22 , 1915 20 UNDERTAKER ADDRESS AL CAGGING Mayerstone rar, 6 E. Frankljøst., Balto., Requesting V. S. No. 1.
V	mes



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrashnal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., wheng a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless inportant. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for inalignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "Puenperal septichuemia," by railway train-accident; Revolver The contributory (secondary or intercur-State cause Never report mere nound



BINDING ARGIN

SICIANS should occupation is PHYSICIANS RECORD PERMANENT AGE UNFADING may PLAINLY, piai 50 Item Every item CAUSE OF Important.

N.B.

Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. lit death occurred in -Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Day CERTIFY. That I attended deceased from 915 (Month) (Day (Year) TAGE If LESS than t day,....hrs. OR nin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death _____ yrs. ___ mos. . State _____ yrs, ____ mos. _ ds. Where was disease contracted. 14 THE ABOVE IS It not at place of death? Former or usual residence LACE OF BURIAL OR REMOVAL DATE OF BURIA 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," -Precise statement of occupa-(d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of childbirth or miscarriage as "Iverperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report





1 PLACE OF DEATH

	Mard) [If death occurred a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH CASE 30 , 191 (Month) (Day) (Yea
6 DATE OF BIRTH (Month) (Day) , 19/4- (Year)	that I last saw him alive on Och 30, 191
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 9. 9. The CAUSE OF DEATH was as fellows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE	(Buration) yrs. mos.
(State or country) 10 NAME OF FATHER A mid A Waltaring	(Signed) Deceal Cl. Coollins
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME A	State the DISFASE CAUSING DEATH (7, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; 121 (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL
of MOTHER Hora S. Jassman 13 BIRTHPLACE OF MOTHER (State or country) Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos.
(Informant) Daniel a Wathin	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Hagerston Md	Place of Burial OR REMOVAL DATE OF BURIAL Rose Hill Cementers Oct 3.1., 191
Filed 10-30, 1815 Herry Davis REGISTRAR	Waltrins o Minniel Hagerston

18028

STATE OF MARYLAND

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

precise specification as Day luborer, Form luborer, Laborer business, that fact may be indicated thus: Farmer (retired wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care-should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Architect, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway troin—accident; Revolver wound of head—homicido. genital," "Senile," etc.), Dropsy, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraenia," "Weakness," the accordained as the on statement of cause of death approved by Committee "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) under the head of "Contributory." and consequences (c. g., sepsis, tetonus) may be stated head-homicide; Poisoned by corbolic acid-probably surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. The contributory (secondary or intercurcough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "PUERPERAL peritonitis," etc. Example: Measles (disease causing death), 29 4s.; Bronrent) affection need not be stated unless important. Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, State cause for which Never (Recommendations report mere



S. No. 1.

Z.B.

County Washington 18029	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or City Hagustown (No. Washing) 2 FULL NAME John C. Hegg	(If death occurred in a hospitat or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Wysie the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HOREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h malive on Deh 3 , 1915,
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or R R Tireman (b) General nature industry business, or establishment in which employed (or employer)	Duration, yrs mos. Z/ ds.
9 BIRTHPLACE (State or country) 10 NAME OF A PONTY	Secondary Collection Jean Market Secondary (Outslion) yrs. mos. 2 ds
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) , M. 0 State the Disease Causing Death, or or deaths from Violent Carses, giate (I) Means of Indury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death
(Informant) " W C Neggel	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE, OF BURIAL
Filed / - / - , 191 6 / Cieury Registran	20 UNDERTAKER Whimiel Hag, Who
If more blanks are needed, address State Registrar	, 16 W. Saratoga St.; Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

& yrs.). For persons who have no occupation whatever state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more taken to report specifically the occupations of persons mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or inclustry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, menincausing death (the primary affection with respect to spinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted Lobar pneumonia, Typhoid feeer (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebro-Bronchopneumonia ("Pneumonia

> mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway troin-accident; Revolver wound of SUIGIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marascause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronetc., when a definite disease can be ascertained as the "Anaemia" rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of "Old Age," "Shock," "Uracmia," "Weakness," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercurcarbolic Never report mere "Atrophy," acid-probably

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions unswered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



191

stated EXACTLY. PHYSICIANS should state i. Exact statement of OCCUPATION is very

of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified.

See Instructions on back of certificate.

15

Every Item of Information should be CAUSE OF DEATH in plain terms, simportant. See instructions on back o

N. B.

WRIT

PLACE OF DEATH County Hastering 18030 Village or City Kerdysvill and (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3 [It death occurred in a hospital or institution, give its MAME instead
2 FULL NAME aline of His	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
O	that I last saw h alive on
© OCCUPATION (a) Trade, protession, or particular kind of work	(Duration) yrs mos ds. Contributory (Secondary)
(State or country) Hack Co Mrs 10 NAME OF Harry Throa 11 BIRTHPLACE OF FATHER (State or country) W 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) S. Howell Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALB. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs. mos. ds. State yrs. mos, ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address) mark / resysuely mis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Address Redysable

1. Judy

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. 8. Censns and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichae-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis. cer" is iess definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.;

